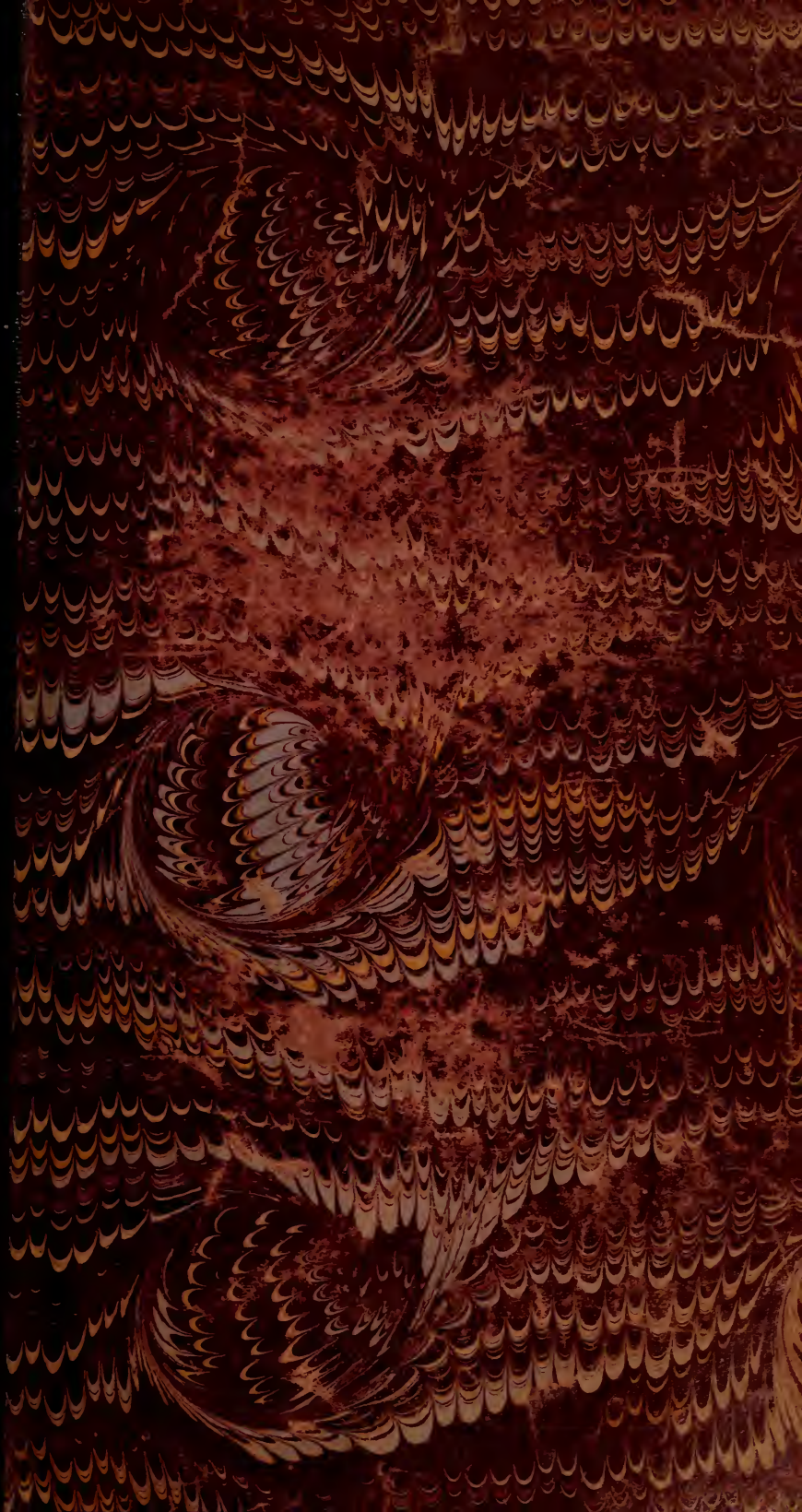

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THE

TEXAS MEDICAL JOURNAL.

MONTHLY.

VOLUME XIX.

JULY, 1903, TO JUNE, 1904, INCLUSIVE.

Independent in all things and neutral in nothing that affects the welfare of Legitimate Medicine. Its mission, the organization and unification of the Medical Profession of Texas, the advancement of Medical Science and the elevation of the Standard of Medical Education and of professional character.

DOWN ON QUACKS BOTH IN AND OUT OF THE PROFESSION.

PUBLISHED AT AUSTIN, TEXAS,
BY
F. E. DANIEL, M. D.,
EDITOR AND PROPRIETOR.

SEP 30 1904

PRESS OF VON BOECKMANN-JONES CO., AUSTIN, TEXAS.

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THE

TEXAS MEDICAL JOURNAL.

ESTABLISHED JULY, 1885.

PUBLISHED MONTHLY.—SUBSCRIPTION $1.00 A YEAR.

VOL. XIX. AUSTIN, JULY, 1903. No. 1.

Original Contributions.

For Texas Medical Journal.

Appendicitis: Oschner's and Deaver's Methods Compared.*

BY W. J. MATTHEWS, M. D., AUSTIN, TEXAS.

When we remember the frequency of this affection, the rapidity with which the disease may proceed from bad to worse, the fatality in a large percentage of cases, its marked tendency to recur in those who are apparently recovered from an attack, we may well consider appendicitis the most important intra-abdominal lesion of today.

The operation for appendicitis is a difficult one, and requires considerable anatomical knowledge and surgical experience on the part of the operator. Such anatomical knowledge and operative skill is rare among those whom we might term occasional operators—a term which would apply to a great number of us. One of the most experienced men in this country in the surgical treatment of appendicitis makes the following statement: "There are thousands of surgeons who are otherwise competent—competent to perform the ordinary surgical and gynecological operations—whom I would not think of permitting to open my abdomen in case I personally suffered from an attack of appendicitis." Professor Oschner, of Chicago, an eminent surgeon whose views this paper reflects, says that he endorses every word of the above utterance. If, then, any treatment is available which should tide a case of appendicitis through the attack safely until a competent operator could be found, or until a more favorable time for operation might arrive, such treatment would surely be hailed as a God-send by every conscientious physician. The treatment emphasized in this paper is that of Pro-

*Read at June meeting; Austin District Medical Association.

fessor Oschner, of Chicago, who has had a vast experience in the treatment of appendicitis. He would always insist on operation at the proper time, when a skilled operator could be found, but says most emphatically that if a competent surgeon is not available that the patient's chances of recovery are many times greater with proper non-surgical treatment than with an operation. In order to make clear the treatment set forth in this paper, let us first consider the anatomical position of the appendix.

The appendix is so situated that it is easily isolated from the general abdominal cavity, if the surrounding structures can be placed in a state of rest. Under a condition of rest the most important physiological function of the cæcum, the omentum and the small intestines consists in surrounding any diseased organ. If the appendix is in a state of inflammation, be it catarrhal, septic or gangrenous, the surrounding structures will at once apply themselves around this organ, so as to wall it up from the general peritoneal cavity, thus effectually preventing the escape of septic matter into this cavity. It is a well-known fact that it is the physiological business of the omentum to protect the various intra-abdominal organs against infection in case of danger. The small intestines likewise apply themselves to the omentum, re-enforcing its efforts. The appendix, thus protected, can not infect the general peritoneal cavity. It does not matter whether the patient suffers from catarrhal appendicitis or whether the appendix is gangrenous or perforated, if proper rest of the appendix and surrounding structures is obtained, the patient will invariably recover, and the worst that can happen will be a circumscribed abscess, which the merest tyro in surgery can open, if he only has the sense to stop there.

Next, how is this rest of appendix and surrounding structures obtained? First of all, wash out the stomach with a stomach tube, and keep irrigating until every vestige of undigested food has been washed out of the stomach. It is a well-known fact that while the stomach is being washed out the contents of the small intestines regurgitate into the stomach, so that practically the stomach and small intestines are emptied of all fermenting, undigested matter. It is also well known that as soon as food has passed the pyloris, peristaltic action at once commences in the small intestines, and, instead of assisting the omentum in preventing infection of the peritoneal cavity, this motion will tend to distribute any septic material with which the intestines may have come in contact. Besides, no matter what quantity of food is taken into the stomach, it will always produce gas, which must either be expelled through the œsophagus by eructation or it must pass into the colon through the ilio-cæcal valve, which invariably disturbs the lower end of colon, and this in turn causes serious disturbance in the inflamed appendix. Besides emptying the stomach and small intestines by gastric lavage, withhold all manner of food after irrigation. The patient should absolutely swallow no liquid food, not even beef peptonoids, from one to three weeks, if necessary. Large rectal injections are considered dangerous. If given at all, they should be small, as they are apt to set up peristaltic action. Deaver, in his work on "Appendicitis," relates a case where a large injection was thrown right into

the peritoneal cavity, which he afterwards verified by an operation. That this can happen, I am quite sure. I had a case of appendicitis in which a fistulous opening in the cæcum remained for quite a while after the operation. One day I gave him a fairly large enema and soon water welled out of the fistulous track in groin. I repeated this several times with same result. It also occurred in a patient at the City Hospital under similar circumstances. Pardon this digression, I only desired to emphasize the danger of large enemas in appendicitis. Then it will be evident to all that in the non-operative treatment advocated in this paper, we first obtain absolute rest for the diseased organ—just the course we would pursue in inflammation of any other part of the body—and, secondly, we isolate the diseased organ by surrounding it with omentum and small intestines for the purpose of favoring resolution of the inflammatory condition, and if this is not possible, substituting a comparatively harmless circumscribed for a very dangerous diffuse peritonitis. The strength of the patient must, of course, be sustained by nutritive enemata. Professor Oschner prefers an enema consisting of liquid beef peptin—one ounce—and normal saline solution—four ounces—to be repeated every four or six hours.

I have treated two cases strictly following Professor Oschner's views, and the results have simply amazed me. In neither case did I give any opiates. A few hours after washing out the stomach the temperature fell two or three degrees. It was also most remarkable how soon the severe pain disappeared. Nor is this to be wondered at, because I believe that the spasmodic action of the appendix which causes pain is started by the irritation due to the passage, or the attempt at passage, of gas through the ilio-cæcal valve. But when the stomach has been thoroughly washed out and all food is absolutely prohibited afterwards there is nothing in stomach or intestines to ferment, and if there is no fermentation, there can be no peristaltic action of bowels and nothing to make pain. This treatment is certainly life-saving. For example, there are not a few cases in which an operation is absolutely refused, and I know of no treatment that would compare with this in saving life under such circumstances. Again, when a competent operator can not be found this treatment should receive a fair trial. There are also other cases in which an expert surgeon would not dare to operate, on account of the desperate condition of the patient. To such cases Oschner refers. He states that the patient with a temperature of 103, pulse 140, considerable meteorism, costal respiration, intense tenderness over the whole abdomen, with rigidity of the muscles and symptoms of collapse, will die almost invariably without even recovering from the shock of the operation. Place this same patient upon exclusive rectal alimentation after emptying the stomach of its load of septic decomposing material by gastric lavage, and the patient's pain will disappear within twelve hours, the temperature will fall from 1 to 3 degrees in twenty-four hours, the symptoms of collapse will leave, and the tenderness and meteorism will have decreased. A circumscribed abscess may form, which will require opening, or there may be absorption of all the products of inflammation, and when the abdomen is opened a month later nothing

may be left but diffuse adhesions. If the abdomen is opened a year later, even these adhesions may have disappeared to a great extent. Furthermore, this treatment will be of immense value to those physicians who never operate at all. They can by this treatment bring their appendicitis cases safely through the attack with credit to themselves and safety to their patients.

I am aware that these views are not accepted by many of the best surgeons of the United States. The battle is still on between the radical school of surgeons, which demands immediate operation in every case of appendicitis, and the conservative school, which advises the interval operation where possible after tiding the patient over an acute attack. On one thing the members of both schools are in the main agreed. The patient should be operated upon at once if seen at the beginning of the attack, namely, the first twenty-four or thirty-six hours; but after that period they differ greatly. The first fears the presence of pus in the abdomen and demands its immediate removal; the second insists that operation at that period before the parts are properly walled off by nature places the patient in danger of peritoneal infection. Two leading members of these schools are Dr. John B. Deaver, of Philadelphia, and Dr. A. J. Oschner, of Chicago, whose views I reflect in this paper.

The latest utterances of Dr. Deaver are as follows: We are satisfied that in years gone by many valuable lives have been sacrificed by waiting for an attack of appendicitis to subside in order to perform the operation of election between attacks. That terrible uncertainty which always exists in appendicitis no longer should exist, for we are aware that if an attack is permitted to advance to the pus-formation stage that we may have any or all of the complications and sequelæ. We are aware that some cases of appendicitis will temporarily improve, but if we follow these long enough there is an entirely different tale unfolded. To the statement that an amelioration of symptoms in acute appendicitis should always be regarded as favorable and a contra-indication to operation, we take exception. The progressing pathologic process is so uncertain and so difficult, yes, impossible, to decipher by the means we possess, exclusive of opening the abdomen, that we clinch this opportunity to operate and thus save lives that otherwise would be lost in waiting for convalescence and the interval stage, which too often does not arrive. We are sure that many will take exception to this; but, nevertheless, we are forced from our experience to decry such exceptions as false. Even though the symptoms apparently ameliorate, the pathologic process is too frequently hurrying on to the stage of pus formation. To follow this teaching is to practice the rule that proves the best in the majority of instances. The oft-repeated old, old story of procrastination is nowhere better illustrated than in connection with the delay for the interval operation. There is a temporary improvement under the application of the ice-bag and administration of laxatives, which, however, should not mislead anyone, as it often is immediately followed by an exacerbation of the symptoms of the disease indicating a perforation of the appendix or the formation of pus or its dissemination. Even while the apparent lull in the appendical storm is on grave complications are

making headway in the abdomen, out of sight and out of reach of the examining finger, and constitutional evidences of the disease are not made manifest until irreparable damage has been done and too often a dear and valuable life sacrificed.

Dr. Oschner, of Chicago, also believes in immediate operation if this can be performed during the first twenty-four or thirty-six hours of the attack. He believes that during this time all of the infectious material is still within the walls of the appendix and can consequently be removed without coming in contact with any other portion of the peritoneal cavity, and for the following reasons under these conditions the patient will almost always recover. The appendix can be removed with comparative ease.

There is no occasion for draining the abdominal cavity, consequently no likelihood of the occurrence of a ventral hernia following the operation. Besides, an early operation prevents extensive adhesions, which might impair the future health of the patient. So far most surgeons are agreed, but from this point on they differ. Dr. Oschner, after the attack has lasted forty-eight hours, favors waiting until all the acute symptoms have disappeared for at least two weeks and to remove the appendix at that time, because then, again, he says, all of the advantages which he has mentioned in connection with the operation during the very beginning of an acute attack obtain in every particular. Dr. Oschner in former years used to operate on what he terms desperate cases, to which he was called one week after the attack, and almost in every instance lost his patient; but under his late system of rectal alimentation and stomach washing he is able by operation to save the lives even of these desperate cases.

Now for the statistics as to the results of the operation for appendicitis by these eminent surgeons Drs. Deaver and Oschner. I am glad to be able to give you the most recent statistics.

Each operated on 416 cases. Of Dr. Deaver's 416 cases, 275 were acute and 141 were chronic. Of Dr. Oschner's 416 cases, 263 were acute and 153 were chronic, which shows a striking similarity between the two set of cases. Dr. Deaver's mortality in the acute cases was 37 deaths, and 1 in the chronic. In Dr. Oschner's 263 acute cases there were 10 deaths, and in the chronic cases 2 deaths. Dr. Oschner's mortality is less than 4 per cent. in the acute cases, while Dr. Deaver's is more than 13 per cent. With such figures before us, surely we should give Dr. Oschner's method a fair and impartial trial.

For Texas Medical Journal.

Nephritis in Summer.

BY WILLIAM F. WAUGH, M. D., CHICAGO.

Patients with any form of Bright's disease need careful watching in summer. The heat and the free use of water are apt to occasion such free sweating that the excretion of urine falls too low. And

Bouchard's observation was that a pint of urine eliminated as much as ten pints of perspiration.

The diet should be very carefully limited, avoiding meats as much as possible. Juicy fruits and berries should form the bulk of the food. Use only hot beverages. Eschew spices and water-cress. Alcohol is always injurious, but never so much as in the dog days. Buttermilk is as nearly an ideal food as can be imagined. Let it be taken pleasantly cool, not iced, and drank or rather sipped slowly.

I believe in keeping woolen underclothes on nephritics all the year around, and the thinnest grades are not uncomfortable in July. This applies also to the stockings.

The urine should be tested very often, for total excretion of solids as well as for albumin. Any decrease in excretion must be promptly met, as the heat increases the tendency to uremia, and this renders the patient especially liable to sunstroke.

In desquamative nephritis I am more and more convinced of the value of arbutin, given persistently in doses of one-sixth gr. before and after each meal and on going to bed, and continued for a year or more. With a suitable diet and proper hygiene, the malady slowly subsides, until, in many cases, possibly in most, all evidences of the disease disappear. I might except one evidence from this—the tendency to headache on exposure to cold or wind shows a permanent loss of the reserve renal power. The patient has recovered with a loss of a portion of the kidney structure. This, I believe, is the rule in such cases.

In cirrhotic nephritis the conditions are totally different. The diet is about the same, since in both forms the indication is that of giving the suffering organs as much rest, or as little work, as the necessities of life admit. We seek to reduce the work of the kidneys to the lowest possible point, by reducing the quantity of nitrogenous food to the lowest point compatible with comfortable life. Every bit of necessary nitrogenous food means an increase in the toxins that the kidneys must elminate.

But the element of greatest danger in cirrhotic nephritis lies in the increased arterial tension, and the remedy is veratrine. It seems singular that the profession has neglected this most admirably suitable remedy, while availing itself of glonoin. The latter relaxes arterial tension and gives such relief that its use is established as a routine. But the effect is evanescent; it is quickly manifested and rapidly subsides. Veratrine is slow in getting to work, but by its judicious administration the vascular tension may be maintained at the desired point for months, without harm or discomfort. It is one of the most uniform and manageable of remedies, of unsurpassed power, and singularly provided with safeguards that prevent danger. As a universal stimulant of the entire excretory apparatus it has no rival.

The mistake has been in the doses. Give gr. 1-134 and repeat every hour till the arterial tension has subsided to the normal point, and then give the remedy just often enough to maintain this circulatory equilibrium. Overdoses will manifest themselves by nausea or diarrhea.

Indications of uremia call for larger or more frequent doses, commensurate with the danger. In emergencies veratrine may be administered hypodermically. It is best given diluted, as even in small doses it may irritate a very sensitive stomach.

For Texas Medical Journal.

Experience vs. Theory.

BY L. L. LOGGINS, M. D., WILLIS, TEXAS.

"Commence with the experiment and then find out the reason" was the dogma of Da Vinci, and this is the rugged philosophy that has been rolling down the centuries since his day in the accomplishment of all that is good and practical. The men of history who have accomplished most in the various fields of thought, science and industry have been found foremost in the ranks of those who seek for results of a material character before looking to the glitter and hope of theory. After all, what is theory? We all know that it is but a conclusion that, in the end, may lead as well to disappointment as to success, to error as to truth. How often have we been carried away on the golden wings of a great theory, evolved by some greater medical light, and at last, at the bedside of a dying patient, been forced to acknowledge disappointment? How often has the medical world been startled by the announcement of a great discovery—a specific, a panacea—and as often seen it fade as noiselessly, but as certainly, as the disappearance of the rainbow? So often, in fact, that now we old fellows, at least, think but little of such announcements; nor do we take kindly to new things until statistics are piled up of a sufficient height to inspire confidence. We always stop to consider how very few remedies or drugs there are in existence that can claim the proud title of specific. Ah, how many are there of this class? Ever think of it?

It is common enough to call the old doctor a moss-back and a back number; but how often have we been called in consultation with the up-to-date young man and found him trembling like an aspen leaf over nothing very serious—a case of hysterics, perhaps?

Let us always pause to consider of this fact: That we are daily using remedies and methods that were in use hundreds of years ago. Let us remember that even in the field of surgery our progress is not so phenomenal as we sometimes think, if we eliminate the great auxiliary found in chloroform and ether. Ever think of this? Ever go back and ponder over the achievements of Ambrose Paré?

The truth is, we do not think enough; we do not look about us and read the lessons that Dame Nature is constantly laying before us. We are dazzled by the literature that commercialism is constantly holding up for our inspection, and forget that the world did exist before the unfolding of all that is so new—just out. We forget that we have among us still living and in active practice men who had healed the sick for years before the present day regimen burst upon the world. Why, now and then I read an article that causes

me to wonder how it happened that I was born back in the forties and actually survived my birth along with my fortunate mother. But after sobering down long enough to consider that in the rural districts the old granny is still plying her vocation as midwife, surrounded by healthy mothers and ruddy-cheeked children, I cool down.

As a matter of course, medicine and surgery are advancing along with all things that are useful and beneficial to mankind; but I think it dangerous to be too eager to lay down old weapons and pick up new ones.

The other day I read an article on "Obstetrics," in which the writer (a man of national reputation) stated that it was criminal for a physician to fail to thoroughly wash out the uterus immediately after the birth of a child and for several days thereafter. This statement may be (doubtless will) be accepted as law and gospel by students and very young men; yet we older ones of the profession know that it is simply "bosh." We know that we should first be clean ourselves, be careful not to infect the body by carelessness in our manipulations; see that no clots are left; that the womb has not been left in a lax condition; and—well, this is about all. If we have done our duty in these respects nature will be obliging enough to do the rest. This same writer would not permit the parturient woman to sit up for two weeks. I believe that the bed is the place for such woman for two weeks—maybe longer; but after a few days I permit them to prop themselves against their pillows and rest themselves. This is pleasing to the ladies, and the position is beneficial. And about this time I am inclined to think an aseptic or antiseptic douche is not out of place. Of course the douche is called for at the very first appearance of anything like a septic condition. But how relatively seldom are such conditions seen? How many women have we assisted amid the most wretched and dirty surroundings and not the slightest symptom out of the normal noted?

Old women, and not a few doctors, constantly insist on giving the mother and child a dose of castor oil. What for? If we have had the mother under observation even for a few days, her bowels are all right; and, if not, we have probably moved by soapsuds. In any event, I never insist on the oil for the mother under twelve hours, and at the end of this time nature will generally have obviated its use. As for the baby, we all know—or ought to know—that nature has placed in the mother's breast a cathartic of potency—the colostrum. See that the nipple is clean and aseptic and put the baby to the breast at once. It will draw into its system the medicine nature placed there for it, and the reflex action arising from its nursing will cause the uterus to contract more firmly.

Many infants suffer for water, and I never forget to advise the giving of this essential to life at frequent intervals. But I warn against giving Castoria, soothing syrup, paregoric, etc., every time the baby cries. A few drops of whiskey in warm, sweetened water is more efficient than any of these in nine cases out of every ten, for the chances are it needs nothing.

I expect that, were he asked for a candid opinion, the editor of the "Red-Back" would say that he believed the majority of puerperal

septicemia cases owe their origin to unclean and meddlesome midwives and physicians. I make this statement or suggestion because such is my own view of the matter, and because this same editor "Dan'els" never writes anything that does not convince the thoughtful reader that it is true; and, therefore, few, if any, of us hesitate in accepting as true (or worthy of trial) whatever he lays before us. That is why his journal is read with interest—because we wish to avail ourselves of the experience (not the untried theory) of competent and practical men. Only give us the experience and—if we are thoughtful workers—we shall be able to get at the theory. Tell us how you found a patient and how you treated him, and, taking up the result of your treatment, we shall most likely find out the why. Give us more such reports in the journals and we shall be better doctors, for we, being put upon our own resources as to the why, will think more of the matter; and whenever the human mind can be induced to think for itself much will be accomplished.

Eye, Ear, Nose and Throat.

P. M. PAYNE, M. D., EDITOR, BROWNWOOD, TEXAS.

"A Symposium: Otitis Media Suppurativa."

The above caption is the title of a series of papers appearing in the June *Laryngoscope*.

The papers were all read at the ninth annual meeting of the American Laryngological, Rhinological and Otological Society, at Lexington, Kentucky, May 1, 1903.

The contributors are all men of national and international reputation: Dr. Norval H. Pierce, of Chicago; Dr. S. MacCuen Smith, of Philadelphia; Dr. Chas. W. Richardson, of Washington, D. C.; Dr. James F. McKernon, of New York; and Dr. Edward B. Dench, of New York.

Dr. Pierce says, in the part under "Age": "The greatest number of suppurative ear diseases occur in the first three years of life. The predisposition of children to otic infection is due to hyperplasia of the lymphoid structures in the pharynx, and post-nasal space, and to the frequency with which the acute exanthemata occur at this point."

His paper deals only with the etiology, pathology and symptomatology of the disease.

Dr. S. MacCuen Smith lays stress on the great importance of an early recognition of the disease by the general practitioner, and

says: "The ignorance of the laity in the most fundamental rules governing the care of their own ears, and especially those of their children, is not surprising when we recall the empiricism that has surrounded the organ of hearing and its treatment throughout the history of medicine." He further says, regarding the training of students: "I, for one, regard it as a disgrace and an injustice, both to the embryo physician and to the public, to confer the honored degree of doctor of medicine upon any candidate who is not able to diagnose and properly treat acute diseases of the tympanic cavity."

Under "Treatment," he has the following to say: "In considering the treatment of acute suppurative otitis media it must be assumed that every effort has been made to arrest the progress of the disease before the formation of pus. If, however, pus formation has already taken place, there is, of course, nothing to do but evacuate it in the manner above stated," which is, "when the middle ear, as well as other cavities, is filled with pus, it must be thoroughly evacuated; this, however, can not be accomplished by a simple puncture of the membrana tympani. The membrane, consequently, must be *incised freely,* the chief requisite being to carry the incision from the most bulging point downward to the lower border of the canal, said incision to be continued either in an anterior or posterior direction until about the sixteenth part of a circle has been formed. This will not only provide for good drainage, but will insure the opening remaining patulous long enough to admit of after treatment."

Dr. Richardson's paper was on "The Etiology, Pathology and Symptomatology of Chronic Suppurative Otitis."

Dr. McKernon's paper dealt with the "Treatment of Complications of Otitis Media Suppurativa," and is one of the most interesting papers in the collection. One, however, should read it all to appreciate it thoroughly.

Dr. Edward Bradford Dench described the "Technique of the Radical Operation for Chronic Suppurative Otitis Media." To attempt to extract from his paper would be an injustice to the author, as each step fits in to the one preceding.

These five articles alone are worth a year's subscription to the *Laryngoscope.*

The writer recently spent a few weeks in New Orleans, and while there visited daily the clinics at the Eye, Ear, Nose and Throat Hospital. They are treating on an average, daily, about 150 to 200 patients, and will soon erect a handsome new hospital with every modern equipment.

A grandson of our immortal Stephen F. Austin was in the hospital and had been operated on by Dr. Gordan King, chief of clinic of the Ear, Nose and Throat Department, for a large benign tumor of the naso-pharynx. Recovery was complete, and the young boy returned to his home in Lindale, Smith county, Texas, while the writer was still there.

THE

TEXAS MEDICAL JOURNAL.

AUSTIN, TEXAS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITED AND PUBLISHED BY
F. E. DANIEL, M. D.

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Published Monthly at Austin, Texas. Subscription price $1.00 a year in advance.

Eastern Representative: John Guy Monihan, St. Paul Building, 220 Broadway, New York City.

Official organ of the the West Texas Medical Association, the Houston District Medical Association, the Austin District Medical Society, the Brazos Valley Medical Association, the Galveston County Medical Society, and several others.

DEATH OF DR. HADRA.

Dr. B. E. Hadra, of Dallas, one of the most famous physicians and surgeons of Texas, was found dead in his office in Dallas Sunday afternoon, July 12th (inst.). It is supposed that he died from the excessive heat of the day. He was very frail, and his friends had been anxious about him for many months past.

The remains were sent to Austin, and were interred in the family lot in the city cemetery. Dr. Hadra resided many years in Austin. The funeral was from the home of ex-Senator Walter Tips. and was attended by a large concourse of friends.

At Dallas, before the shipment of the remains, friends gathered at the family residence, and Dr. H. K. Leake, of that city, a warm friend of the deceased, paid a beautiful tribute to his memory.

The address delivered by Dr. Leake was as follows:

"My friends, we are gathered around the bier of one who was a good man, a good father, husband, citizen and a valiant soldier in ranks of the great medical army; a veteran who ever followed the flag of medicine—nay, planted that flag upon the highest ramparts of the enemy. He was my friend. I knew him for over twenty years. Oft, in the quiet retirement of friendly intercourse, we communed together, and I found him sincere and true, just as he would have been to any man in whom he placed his trust. He was ambitious, but humble; aggressive, but just and generous. He was a sensitive man, because he never indulged in raillery, nor violated the claims of propriety or courtesy, and expected that consideration

which he always meted out to others. He was a fearless man in his work, which was based upon the highest scientific attainment and close application to his studies. His interest in his profession never

Yours Truly

B E Hedrick

failed him; to the day of his death he rivaled the younger men of the profession in zeal and research. He cared not for the sordid influence of money, nor groveled at the feet of the political machine;

but he climbed the dizzy heights of fame only to realize the uncertainty of life and the illusory character of its emoluments.

"The boast of heraldry, the pomp of power,
And all that beauty, all that wealth e'er gave,
Await alike the inevitable hour—
The paths of glory lead but to the grave."

What lessons do this man's life and death teach the medical profession? "If they only knew," but we who do know the trials borne and the sacrifices made by the physician in the cause of suffering humanity and the disappointments that await each one of us at many points on our checkered careers, should be strongly cemented in the bonds of an unselfish and helpful brotherhood. We who do know that ofttimes we struggle against fate, nor can stay the hand of death, should pursue our calling free from strife and ostentation. Let us, then, realize our limitations; let the "white light of truth" guide our footsteps; let prudence and forbearance toward each other rule our actions; let devotion to morality and science be our guiding star, as it was that of our departed brother, who had no creed beside that of intelligent and unremitting application to his life's work and to his duties in all the relations of life. Let us be true to ourselves, and then we shall not be false to any man or creed.

My friend despised not religious creeds; he respected them, but his instincts were broad and unselfish. He preferred to live without them, but he lived and died with a pure and unsullied character, as a gentleman and physician. Surely, this were comprehensive enough for one whose instincts and education had molded him as the potter hath power over the clay, without its knowledge or consent.

We shall inscribe his name upon the memorial page of the historical annals of the medical profession of our State; we shall enshrine his virtues in our hearts; had he faults, we recall them not, for—

"Who knows the heart? 'Tis he alone decidedly can try us;
He knows each chord, its various tone; each string, its various bias.
Then at the balance let's be mute, we never can adjust it;
What's done we partly may compute, we know not what's resisted."

At the grave there was no religious ceremony, in accordance with the well-known wishes of the deceased, but Judge Julius Schutze delivered an eloquent and touching tribute to his life-long friend and compatriot, after which Dr. F. E. Daniel spoke a few brief words and touchingly referred to Dr. Hadra's life and services. Dr. Daniel said:

"It is my privilege and honor and a meloncholy pleasure to pay the tribute of a few poor words to the memory of him whom in life I loved and honored, and to testify to the high esteem in which Dr. Hadra was universally and justly held, not only by his colleagues, but by all who had the honor of his acquaintance. I knew him well; and for the brilliance of his genius, his splendid attainments as a

physician, surgeon and general literary scholar I admired him, and for the excellence of his gentle heart and genial character I loved him. Dr. Hadra was no ordinary man. Indeed, he was a most extraordinary man, a rare man. Brilliant in his profession, his qualities amounted almost to genius. His strongest forte, perhaps, was the power of diagnosis. He seemed to have an intuitive knowledge of pathological conditions, and with remarkable insight he could detect what was wrong in a patient, and with great precision he could often relieve it by surgical means. His reputation as a surgeon was not local, nor confined to the State, nor to America; it was international. As a writer on those branches of medical and surgical science to which he devoted himself—operative surgery and gynecology—he was known and recognized as an authority throughout Europe and America. Moreover, he was a man of high literary attainments, and wrote several works of fiction which possessed real merit, but which he was too modest to publish. It was my privilege to see them in manuscript, but they have never been given to the public. I said he was 'too modest.' He was a very modest and unassuming man, as true merit ever is. It amounted at times to real embarrassment. When he was unanimously chosen by his colleagues to be President of the State Medical Association in April, 1899, at Waco, his embarrassment was almost painful, and he would have declined the honor but for the insistence of friends that he should not. He wanted to let the vice-president be president. The presidency of the State Medical Association means that the one so honored is recognized as the head of the profession. Honor was thrust upon him; it was never sought. He was appointed a member of the Board of Regents of the University of Texas and served four years. He filled the Chair of Surgery in the Medical Department of the University of Texas four or more years. At the time of his death he was one of the faculty of the Medical Department of the Southwestern University of Georgetown, at Dallas. Dr. Hadra was a Prussian. He was born near Breslau in 1842, and was in his sixty-first year. He served as surgeon major in the Prussian army in the Franco-Prussian war in 1870, and came to America shortly after that war. He had been thoroughly educated in the German universities, acquiring a good knowledge of the English language and its classical literature, and this knowledge he cultivated constantly, until he spoke and wrote it with a fluency and correctness attained seldom by any foreigner. Dr. Hadra was as guileless and gentle as a child and almost as improvident. He practiced surgery *con amore*. He never refused his services because there was no fee forthcoming; but he received many large fees, and he gave it away or wasted it. He was a somewhat eccentric man, and shrunk from notoriety. He wrapped himself around with a certain reserve, as to the general public, and few persons were permitted to break through it and get close to him. Those whom he admitted to the intimacy of his friendship, only knew and appreciated him. I was one of the favored few, and I say in all candor, there was not among my acquaintances one for whom I had a higher regard and real affection than Hadra—dear, delightful old Hadra! Yet, at the annual meetings of the State Medical Association he was a leader in

thought and debate. He was recognized as one of our strong men, one of the pillars, one of the giants of the profession; and at the annual banquets no one contributed more than Hadra to the jollity, the merriment, the enjoyment of the occasion with his scintillating wit, his droll humor and his eloquence—forcible, not ornate—for he possessed a certain kind of eloquence that was most impressive. At our festive board for many long years there will be one vacant chair, around which will cluster the most sacred, the most pleasing, memories of dear Hadra. A long farewell, dear, gentle, delightful friend. Thy memory will be ever fresh and green. We beg of the bereaved family the privilege of sharing the grief that wrings their hearts, and of mingling with theirs our tears of sincere affection."

Dr. Hadra left a wife and five children: Dr. Fred Hadra, surgeon United States army; Ernest Hadra, druggist, at Dallas; Mrs. Eyssell, of Kansas City; James Hadra, and a young daughter, Ida.

BIOGRAPHY.

Dr. Berthold Ernest Hadra was President of the Texas State Medical Association in 1899-1900, and presided at the Waco meeting in April, 1900. He was born in Prussia, near Breslau, in 1842; received his medical education in the universities of Breslau and Berlin, from which latter he graduated and where he passed his state examination.

He served as volunteer surgeon in the war against Austria (1866), and afterwards entered the Prussian army service.

In 1872 he immigrated to Texas, where he has since resided. He practiced his profession in Austin, Galveston and San Antonio. He was a member of the Board of Regents of the University of Texas; held the Chair of Surgery in the old Texas Medical College, and was health officer of San Antonio. His contributions to medical literature are numerous. Aside from a monograph on "Injuries of the Pelvic Floor," he was the first one to devise conservative surgical treatment in place of oöphorectomy, the so-called liberation of the pelvic organs. He was also the first one to propose total eventration of the contents and thorough washing and draining of the abdominal cavity in diffuse peritonitis. Repair of cystocele, perineum, etc., were frequent subjects of papers. To the surgery of the spine he contributed by adding wiring of the vertebræ. He has written also on the surgical treatment of epilepsy. To these many other original contributions, frequently quoted in international literature, may be added, such, for instance, as his paper on the open treatment of torticollis, on non-malignant tumors of the omentum, on relapsing appendicitis, on intestinal and gastric operations, etc.

DR. MURPHY AND THE "CHRISTIAN HOSPITAL" SCHEMERS.

I was much chagrined to learn, when it was too late to correct or suppress it, that in the June number of this JOURNAL, under the heading, "A Sheep-shearing Trust," I unintentionally and unwitt-

ingly did Dr. Murphy a great injustice. Murphy had nothing to do with the villainous scheme, but was victimized by a lot of sharpers—one of whom, at least, it is stated in the *Chicago Record Herald* (June 5th), has served a term in the penitentiary for swindling. The *Record Herald* publishes a cut of the fellow with his prison number 6843. It is said that these fellows are the gang that promulgated a similar scheme at Niles, Michigan, for fleecing the afflicted and hoodwinking the vain and credulous doctors throughout the country, and that they were run out of there by the law. I never heard of any of them before, by name, and just assumed that they were a lot of Chicago unknown sharpers, who had tempted Murphy with a plausible and dazzling scheme to "get rich quick," and seduced him; that it was another case of "a good man gone astray." The very boldness and audacity of the manner in which they used Murphy's name—a copy of his autograph being affixed to the "certificates"—misled me, and I neglected to write to him, as I see now that I should have done, before proclaiming him "President." I thought it was unnecessary; it looked like too clear a case; it looked conclusive. *Prima facie* the evidence was against him. I learn from a letter from the President of the Chicago Medical Society that that society is doing what they can to convict those fellows, especially Probert and Wood—that is, they are helping the U. S. postoffice authorities to do so; that Probert and Wood are to be tried in October. The writer of the letter (Dr. W. A. Evans, President of the society and chairman of its Medico-Legal Committee) says: "They (P. and W.) are now out under bond. Will you help us to gather evidence in Texas, and will you come to the trial in October? * * * Will you help us to make the Texas doctors stick, for now they are buying off witnesses by paying back their money."

I tender Dr. Murphy my sincere apologies. I had neglected to read my exchanges that month (for reasons that readers will understand) and was not aware of the facts in the case. I was influenced to write as I did by the reasons stated above and by an editorial in the *New York Medical Record* (June 16th), in which the writer assumed, as I did, that there was no doubt of the connection with the concern, as president, of a "certain very distinguished surgeon." I will be glad to undo the wrong I have thus done Murphy, and will gladly co-operate with the profession in Chicago in getting up evidence. I wish, therefore, that all readers of this who have received the circulars and decoy "Christian Red Cross Hospital Certificates" and invitations to walk in and be skinned would send them to me. I will forward them to the Chicago Medical Society. The following letter from Dr. G. F. Lydston is self-explanatory, and is here published at his request:

"CHICAGO, ILL., July 6, 1903.

"Dr. F. E. Daniel.

"DEAR SIR: I note in your 'Red Back' an editorial flaying 'The Christian Hospital' fake, and incidentally Dr. John B. Murphy. I am astounded that you should convict Dr. Murphy of complicity in that nefarious scheme. He not only had no part in the infernal fake, but has been instrumental in bringing to justice the scoundrels

who surreptitiously used his name. Why, my dear Daniel, you surely don't think that Murphy is an idiot. No man of intelligence would countenance a scheme that would be simply professional suicide. Murphy has been the victim of a lot of ex-jail birds and others who should be in jail now. Believe me, my dear Daniel, you have fired your cannon prematurely and hit a man who was already hurt to the quick by the malodorous conduct of a lot of rascals. If I thought Murphy capable of such an idiotic, scoundrelly piece of quackery, I'd scratch him off my list. As it is, I am proud to consider him my friend and to be his friend.

"Will you not publish this and thus make reparation?

"Your friend,

"G. Frank Lydston."

In Memoriam.—Dr. I. N. Love—dear, delightful Love, is dead! A star of the first magnitude is blotted out of the firmament; the profession of medicine, the teachers' guild, the fraternity of medical editors, are prematurely robbed of one of their brightest, best, most valued, most loved members. Oh, the pity of it! That he should have been so suddenly, so unexpectedly, cut off in the prime of his mature manhood, in the zenith of his fame, at ebb-tide of his personal popularity! We mourn his loss, and will not be comforted. Dr. Love was the most magnetic, the most lovable of men. His personal influence was something remarkable. He drew men to him irresistibly, and his friends all over the world are "like the leaves of the forest when summer is green." "None knew him but to love him, none named him but to praise." A long farewell—dear, genial, beloved I. N. Love!

Dr. Love was 55 years of age. He was a graduate of the Medical Department of Washington University, St. Louis, of the class of 1872, a protege and student of the celebrated Professor Hodgson. He had been President of the American Medical Editors' Association; member for many years of the Board of Trustees of the American Medical Association; member of the Executive Committee of the Mississippi Valley Medical Association; first vice-president of the American Medical Association; member of the Board of Trustees of the First Pan-American Medical Congress; Professor of Diseases of Children, Clinical Medicine and Hygiene in Marion-Sims Medical College; and at the time of his death was a successful practitioner in New York City and teacher in one of the post-graduate schools and hospitals. He founded *Love's Medical Mirror* in St. Louis fourteen years ago, made a beautiful and brilliant success of it, and to the date of his lamented death it delighted its thousands of readers by its wholesome, cheering optimism. Dr. Love was returning from Paris, where he had been as physician to a wealthy lady, and died suddenly on board of the steamer "Aurania" just before she entered the harbor at New York. Mrs. Love is a Texas woman, of Marshall, Texas. The last thing Dr. Love did before he was stricken down was to make a speech. He was famous for delightful extemporaneous speeches.

Reads Like a Novel.—Dr. Jno. Punton, the talented editor of the *Kansas City Medical Index Lancet,* and an expert alienist and neurologist, in the July number of his journal writes up the now famous case of Oran Hoskins, who claimed to have been "knocked silly" by a grain door and whose mother sued the St. Louis and San Francisco Railroad Company for $75,000, getting a judgment for $35,000. Hoskins played it upon the doctors successfully for nine months. Dr. Punton was sent to Fort Worth to examine the case. He said Hoskins was *malingering,* and was laughed at; but he finally induced Dr. Walker, who had the case in hand, to take his view of the case. Walker put Hoskins through a series of tests and caught him out. Judgment reversed, and Hoskins and mother indicted for conspiracy to defraud railroad company.

Professor Allen J. Smith, M. D., Dean of the Medical Department of the University of Texas, has resigned the Chair of Pathology in that school (effective August 1st, proximo) and has accepted the corresponding chair in the University of Pennsylvania, his *alma mater.* This is a great and serious loss to Texas. Professor Smith is almost idolized by his classes and he certainly brings to the position unusual proficiency and untiring zeal, and imparts to his lectures and laboratory experiments an interest that is as fascinating as it is instructive. We sincerely regret to lose him; but he is to be congratulated that his tender mother appreciates him so much that she must take him away from Texas to help her maintain her prestige and fame as one of the foremost educational institutions in the world. *Vale,* génial Smith. May every success, prosperity and happiness be yours always!

Correspondence.

Galveston, Texas, July 17, 1902.

Editor Texas Medical Journal.

I beg through your columns to advise the members of the State Medical Association of Texas that, owing to the sickness in the family of the stenographer employed at San Antonio meeting and other unfortunate circumstances, I have not been able until the present time to obtain a transcript of the minutes of the San Antonio meeting. I mention this now in order to prepare our members for the delay in the appearance of the proceedings. The minutes, however, are now complete. Another cause of delay was the difficulty in arranging for the section officers. Several declined the appointments and their places had to be filled by nominations of the President. I will say in this connection that owing to the absence of Dr. W. R. Blalock in Europe, who was appointed councilor for the Twelfth, or Brazos Valley District, the President appointed Dr. J. J. Robert, of Hillsboro, councilor for that district.

The councilors are nearly all actively at work. A number of counties have been eager and waiting for organization. Some delay

was occasioned in this work by the detention of the constitution and by-laws, which were not received until a few weeks ago. Ample supplies have since been furnished each councilor, and there is no reason now why the work of organization should not proceed rapidly and effectively. There is one point which should be made clear. I mention it here as there has been some misunderstanding in regard to it. That is, that the fee of $2.00 per member to the State Association should accompany the application in the county societies. This is not only made obligatory by Section 1, Chapter 5, in the By-Laws for County Societies, which states that the admission fee must accompany the application, but by a resolution which was adopted at the San Antonio meeting. It is not essential that the dues should be sent from the treasurer of the county societies to the Treasurer of the State Association at once, but it is just as well that this should be done; at any rate it is necessary that the secretary of the county society shall notify the Treasurer of the State Association, or the chairman of the Councilors, that the fee has been collected. I shall be glad to furnish the names of such new societies as receive charters from time to time for the information of your readers.

Fraternally yours,

H. A. West,
Secretary.

Society Notes.

The Austin District Medical Society.

The Austin District Medical Society held its regular summer meeting in Austin June 26th, ult. There was a very slim attendance, especially of the Austin members, which is a shame. Dr. Joe Wooten read an interesting paper on "Tenotomy for Club-foot," and incidentally gave Lorenz (and the "lesser lights" [?]) a rap. It provoked a lively discussion. The paper will appear in our next issue. Dr. O'Barr, of Ledbetter, read a paper on an obscure pathological condition of a patient of his, and asked for a diagnosis. A committee was appointed to get up a program for the September meeting and to stir up the doctors to attend.

Smith County First to Organize.

Organization of counties in line with the plan of the State and national associations is progressing well in Texas. Smith county was the first to organize. Several counties have fallen in, and Travis will be organized on the 17th, pursuant to call of Councilor Bennett. By the time the State Association meets in Austin next April it is hoped that every county will be organized and that we shall have such a meeting as never before. Whoop 'em up, boys.

Abstracts and Selections.

The Treatment of Acute Ileo-Colitis in Infancy and Childhood.

In Dr. L. Emmett Holt's work upon "The Diseases of Infancy and Childhood," the second edition of which has recently been published, the following statement is made regarding the treatment of acute ileo colitis.

"As the pathological process is principally in the colon, and most severe in the lower half of the colon, it can often be much more effectually treated by injections than by drugs given by the mouth. Irrigation of the colon is one of our most valuable means of treatment in these cases. For general purposes, a saline solution at 100 to 104 degrees F. should be employed (common salt or borax, one drachm to water one pint). One or two quarts should be given at one time; it should be injected high into the colon through a long rectal tube, and early in the disease repeated at least twice a day."

We are in full accord with the statement made by Dr. Holt that "irrigation of the colon is one of our most valuable means of treatment in these cases," but instead of employing a solution of salt or borax, we would suggest the use of Glyco-Thymoline, one ounce to the pint of water, which has proved very successful in the treatment of intestinal diseases of children. In Glyco-Thymoline we have an alkaline antiseptic solution, such as is indicated in these conditions, where we have to deal with an inflamed mucous membrane, with its acid secretions.

In a communication recently received from Geo. Howard Thompson, M. D., Professor of Materia Medica and Experimental Medicine at the St. Louis College of Physicians and Surgeons, he states: "This summer I have had a large number of cases of cholera infantum, subacute gastro-intestinal indigestion and marasmus. Probably my best results were derived from the following line of treatment:

The baby was given podophyllin, one-fortieth of a grain, or calomel, one-tenth of a grain, until the passages became distinctly bilious. Then the following intestinal antiseptic sedative and astringent was prescribed:

Bismuth subcarbonatis ..... dr. i
Glyco-Thymoline ..... fl. oz. ss
Mistura cretæ ..... q. s. ad. fl. oz. iii

M. Sig.—Shake the bottle and take a teaspoonful every three hours.

It is always a good idea to give the baby an enema of a pint of warm water containing an ounce of Glyco-Thymoline at the commencement of the treatment, in order that the colon may be relieved as rapidly as possible of its fermenting and decomposing contents, and that the mucous membrane of the gut may be brought in con-

tact with the antiseptic and healing application. Daily enemata of the above solution are frequently advisable.

This summer I have had fewer unfortunate terminations in my cases of cholera-infantum than in previous years, and I attribute my good fortune largely to the fact that, at the instigation of Dr. A. E. Chatfield, of Cleveland, Ohio, I have added this non-irritating antiseptic Glyco-Thymoline to my internal medication in inflammatory diseases of the gastro-intestinal tract. It has proven to have these advantages: It is alkaline, it is antiseptic, it is non-toxic, it is non-irritating, it is healing. It is about the only antiseptic that can be safely given to children."

To supplement Dr. Thompson's flattering statement regarding the value of Glyco-Thymoline in the treatment of gastro-intestinal disorders in children, we will append the following brief clinical reports:

Fred P. Lowenstein, M. D., of Westfield, Mass., reports the case of a male child, three years old, who had been suffering from enterocolitis for five days, the attending physician having used without avail all the usual remedies. I was called to see the child in consultation. It was greatly emaciated, with an enlarged and tender abdomen. The temperature was 103.2 degrees F., but in spite of this the body was covered with cold perspiration. The stools were semi-solid, resembling chopped spinach in appearance. I advised warm applications of spices to the abdomen and ordered the following:

Calcium carbon, precip	dr. ss
Tinc. opii. camp	dr. i
Glyco-Thymoline	oz. i
Aq. cinnamon	oz. ii

A teaspoonful of this mixture was taken every four hours, and as a result the child had entirely recovered in three days.

A. D. Ellis, M. D., of Powersville, Mo., reports the following case: The patient, a child of sixteen months, had been suffering from vomiting and diarrhea for six days before I was summoned. The passages were foul and bloody. I immediately put the patient on Glyco-Thymoline and liquor bismuth, equal parts, a teaspoonful to be taken every two hours. Just after the second dose was given, I could see a marked change for the better. The patient improved rapidly and in about three days had entirely recovered. Another similar case, also treated with Glyco-Thymoline, gave me equally good results.

R. G. Waters, M. D., of Milam, Mo., reports the following case: The patient was a child, twenty months old, suffering from gastro-enteritis, the vomiting being almost constant. I gave half a teaspoonful of Glyco-Thymoline in hot water every hour until five doses were taken, and also ordered an enema of Glyco-Thymoline, one tablespoonful to four ounces of water. This treatment gave prompt relief and I believe it saved the child's life.

The Value of Gude's Pepto-Mangan in Anaemia.

BY DR. ENRIQUE DIAGO, HAVANA,
Superintendent of Hospital No. 1, Havana, Cuba,

AND

DR. JOSE F. BENITEZ, HAVANA,
Chief of the Laboratory, Hospital No. 1, Havana, Cuba.

(Translated from the "Progreso Medico," Havana, April, 1902.)

Anæmia is a very common disease in this country (Cuba), and consequently one against which the physician is often obliged to contend in the practice of his art. While the use of the ordinary iron preparations often gives all the effects that could be desired, yet it usually producs a condition which may be regarded as a secondary disease—constipation. In looking about for a preparation which would not present this very serious disadvantage, which can not always be counteracted by the coincident administration of laxatives, we came across Gude's Pepto-Mangan, which, according to the published statements of many clinicians, seemed to us a remedy worth trial in a large series of cases. Accordingly, we obtained a sufficient supply of this preparation for our hospital, and began to treat all our cases of anæmia, in which iron was indicated, with Gude's Pepto-Mangan.

In presenting now the results of our observations with this pharmaceutical compound, we may say at once that our expectations were more than realized, when we noted its efficiency in combating the disease, and its perfect palatability and freedom from constipating after effects.

One of us, Dr. Benitez, chief of the laboratory of the hospital, undertook the task of keeping minute records of all the cases observed, including a record of the amount of hemoglobin and of the number of the red blood cells, both before and after the treatment. For the purpose of illustration, we relate briefly six cases, which show conclusively the effects of Gude's Pepto-Mangan on persons with anæmia, and prove without doubt that the administration of this remedy is connected with none of the disadvantages and discomforts attending the use of the ordinary preparations of iron.

Case 1.—N. G., aged 26 years, was admitted to the hospital, suffering from loss of nutrition, emaciation, pallor of the skin and mucous membranes, loss of memory, anorexia, mental depression,—a word, from all the typical symptoms of anæmia. This condition was traced in his case to a chronic malaria, from which the patient had been suffering for a long time. The patient weighed only 102 pounds at the time of admission.

Pepto-Mangan (Gude) was given in doses of two tablespoonfuls twice daily, at breakfast and at dinner, respectively, with some cinchona wine. The first blood examination showed 2.400,000 red

blood corpuscles c. m., by the Thoma-Zeiss method. Ten days after the beginning of the treatment, this patient, who had been so extremely pale when he entered, began to improve as regards the color of his cheeks and general appearance. His general well-being was so marked that he spoke with pleasure of the marked improvement in his condition which had taken place since he had been taking the new remedy at our hospital. In these ten days he had gained five pounds in weight and was able to walk around the ward without the lassitude which he had felt when he was admitted. The blood was examined a second time, showing an increase of 300,000 red blood cells. The patient was discharged cured after fifty days' treatment, weighing 130 pounds and with a blood-count indicating 2,800,000 red blood cells c. m.

Case 2.—Mrs. C. D., aged 34 years, who gave a history of miscarriage, was admitted with the symptoms of anæmia, secondary to the loss of blood occasioned by the accident mentioned. The chief symptoms were emaciation, loss of strength, and gastro-intestinal disturbances. She weighed only 90 pounds when she entered the hospital, and her blood showed a marked diminution in the amount of hemoglobin, and only 2,300,000 red blood cells to the cubic millimetre.

Gude's Pepto-Mangan was prescribed in the same doses as in the preceding case, and all went well until the tenth day, when the patient of her own accord, in order to facilitate the cure, and to accelerate the recovery, took five tablespoonfuls of the preparation during the day, causing a slight disorder of the stomach. The administration of Pepto-Mangan was thereupon discontinued, and tablets of bismuth and salol, together with a purgative, were given. Five days later, the Pepto-Mangan was resumed, at first in doses of two teaspoonfuls, and two days later in doses of two tablespoonfuls. The further course of the treatment went on without any mishap, and the patient recovered completely. On leaving the hospital the hemoglobin was found normal, and the number of red blood cells was found to have increased to 3,500,000 c. m., while the patient's weight had increased twenty-one pounds within fifty days.

Case 3.—Mr. M. D., aged 26 years, who had suffered during the preceding month from an attack of acute articular rheumatism involving a number of joints, entered the hospital complaining of the symptoms of anæmia. He had the appearance of a convalescent, with pale skin and mucous membranes, fatigue in walking, emaciation, etc. There was edema about the ankles, but no valvular lesion in the heart, and there were in addition, absence of appetite, insomnia, functional depression of the genital apparatus, and dyspepsia. The patient weighed only 92 pounds, and his blood when examined showed a decrease in the amount of hemaglobin and only 2,500,000 red blood cells c. m. At the end of fifteen days' treatment, which consisted of the administration of two tablespoonfuls of Pepto-Mangan (Gude) at breakfast, of the same amount at dinner and of an additional tablespoonful at noon, the patient had gained a great deal of strength, his pallor had almost disappeared, the hemoglobin had increased and reached its normal quantity, and

the red blood cells had increased to 3,200,000 c. m. The patient was therefore discharged completely cured at the end of forty days after admission.

Case 4.—Mr. R. G., aged 42 years, who did not show any signs of organic disease, and who presented no characteristics of a gouty or lithemic diathesis, was admitted to the hospital in a greatly disturbed state of mind on account of attacks of vertigo, palpitation of the heart, extreme weakness, and various erratic pains in the muscles. He gave a history of a recent attack of influenza, during which his nervous symptoms had become intensified. He had not had a very marked rise of temperature, and the respiratory passages were scarcely affected during this attack, but there were severe pains in the back and joints, and an intense headache. The examination of the blood showed the presence of 3,000,000 red blood cells c. m., and the patient was found to weigh only 110 pounds.

He was placed exclusively on Pepto-Mangan (Gude) treatment. Twenty days later, the pains had ceased; he ate well; his weight had increased to the extent of four pounds, and the red blood corpuscles had increased in number by 200,000. Thirty days after admission he was discharged cured.

Case 5.—Miss C. P., aged 16 years, was admitted to the hospital with a very pale skin and a deficient muscular and adipose development. Her menstruation had become irregular, and she had suffered from various nervous disturbances. Her growth had not kept in harmony with her nutrition, and she presented the characteristics of chloro-anæmia, as frequently seen in Cuban girls, namely, accompanied by a series of neurasthenic symptoms. She weighed only 87 pounds, and the blood count showed only 1,800,000 red blood corpuscles c. m. After ten days' treatment, the number of red blood corpuscles increased by 200,000, and the weight of the patient by three pounds. Twenty-six days after admission, she was removed from the hospital by her relatives, and on discharge her weight was 94 pounds.

Case 6.—Mr. G. F., aged 38 years, whose previous history was negative, and who had not suffered from any severe illness shortly before admission, entered complaining of loss of flesh and strength, decrease of normal weight and extraordinary fatigue after his usual work. He attributed these symptoms to transgressions of hygienic rules. The first blood examination showed 2,600,000 red blood cells c. m. The patient weighed 106 pounds on admission. Thirty-six days later, after having been under treatment with Pepto-Mangan (Gude) during the entire period, he was discharged at his own request. He had increased eleven pounds in weight and his red corpuscles numbered 2,850,000 c. m. (an increase of 250,000). He went back to his usual work without experiencing any unusual fatigue.

To sum up the results obtained with the employment of Pepto-Mangan (Gude) in the treatment of anæmias, we may say, conscientiously, that it is the best remedy we know of for this purpose, and that we do not hesitate to commend it to the medical profession at large, and especially to our confreres in Cuba, as an iron prepara-

tion that possesses all the advantages that can be demanded of such a remedy and none of the disadvantages that are characteristic of other iron preparations. We would especially emphasize also that Pepto-Mangan (Gude) is very pleasant to the taste, and is most easily taken by patients of all ages and with the most delicate digestions.

Havana, March, 1902.

Prospectus for the Texas Sanitarium for Consumptives.

AUSTIN, TEXAS, July 1, 1903.

As members of the medical profession of this State, we have upon many occasions seen the need of a first-class sanitarium, suitable for the treatment of tuberculosis, located in some ideal climate in Texas, possessing ample railroad facilities, and at a place where everything the market affords could be readily obtained, and also possessing ample diversions, such as fishing, hunting, mining, etc.

Llano, Llano county, Texas, possesses such a climate, and to us is an ideal place for the treatment of tuberculosis. Llano is the terminus of the Austin and Northwestern Railroad, and is situated one hundred miles west of Austin, Texas, and has daily train service. This little mountain city has fifteen hundred or two thousand inhabitants, nestling at the foot-hills of the mountain peaks, and has an elevation of about one thousand feet.

About the year 1892 many mines of the purest iron ore known to the world were discovered near this city, together with other rich mineral deposits. As a result, many capitalists came to Llano and invested heavily in mineral interests, resulting in what was known as a "boom," and during this time many handsome buildings were erected which would do credit to a city of one hundred thousand inhabitants. One mile from the court house of the city of Llano, upon one of the greatest elevations, and just outside of the city limits, one of these capitalists began to have erected his suburban home, choosing for its location the most ideal spot surrounding the city. After spending some eight or ten thousand dollars in the way of improvements upon this property the collapse came, and the buildings were never completed. This is the property which has been purchased by the Texas Sanitarium Company, and which is known as the "Malone Mansion" property, consisting of sixty acres of land, with many thousand dollars worth of improvements in the form of incomplete buildings. The value of the improvements, as they now stand, is shown by the affidavit made by the architect, Mr. C. H. Page, Jr., of Austin:

"This is to certify that I have made a personal investigation and a complete itemized estimate of the improvements and buildings situated on the sixty-acre tract of land known as the Malone Mansion

property, situated just outside of the city limits of Llano, Llano county, Texas. This amounted to $8076.

(Signed) C. H. PAGE, JR., Architect.

Sworn to and subscribed before me this the 17th day of June, 1903.

A. R. WALLACE,

[SEAL.] Notary Public in and for Travis County."

The Texas Sanitarium was incorporated on June 20, 1903, with a capital stock of $20,000, and the purpose of the incorporators is to establish a first-class sanitarium for the treatment of tuberculosis, to be located upon the above described property, shares to be sold at $50 each, par value, full-paid and non-assessable. One-half of the stock has already been subscribed, and when three-fourths of the stock has been subscribed contracts will be let for the completion of the buildings, and the institution will be made ready for opening at the earliest moment possible. It is the purpose of the incorporators to complete these buildings as they now stand, utilizing the same for the general buildings, including dining-room, kitchen, parlor, etc., and to erect under the shade trees surrounding the same what are known as the "Munson or Holmes Sanitary Tents," the same to be used as cottages for the patients. This method of treatment is now being used very extensively in the West, and affords the best climatic results for the treatment of consumption.

The Board of Directors, who have the management of the affairs of the institution for the first year, consists of the following named physicians: Drs. J. T. Wilson, Sherman, Texas; J. W. McLaughlin, Galveston, Texas; T. J. Bennett, Ralph Steiner and M. M. Smith, Austin, Texas.

After the institution was chartered, the directors met and elected the following officers for the first year: J. T. Wilson, M. D., Sherman, Texas, President; J. W. McLaughlin, M. D., Galveston, Texas, Vice-President; M. M. Smith, M. D., Austin, Texas, Secretary-Treasurer. The Board of Directors and officers, after the first year, will be selected by the stockholders of the company. In case a sufficient amount of money is not subscribed to carry to a successful completion the intended sanitarium plan, all amounts subscribed and paid in will be returned to the subscribers.

When you consider that Texas possesses the finest climate in the world for the treatment of tubercular troubles, and that institutions erected for the treatment of this disease in other States not only give the lowest death rate, but in addition prove to be paying investments, we can readily see why a sanitarium devoted to the treatment of this trouble in Texas, after it is once well established, would certainly prove a paying investment. Any physician in Texas who has had much experience can readily recall numbers of cases who were well able and willing to pay for service in such in institution, but were denied that privilege, because no such place had ever been established in Texas, prepared to give the best service, with the latest and most advanced methods of treatment. We appeal to the members of the medical profession to aid us in this work. We do not ask their assistance in the form of a donation, but as subscribers

to an enterprise which will undoubtedly return every dollar invested, with accrued interest. The stock subscribed will be full-paid when issued, and non-assessable. We shall be glad to furnish any additional information desired.

Yours fraternally,

J. T. Wilson, M. D.,
J. W. McLaughlin, M. D.,
Ralph Steiner, M. D.,
T. J. Bennett, M. D.,
M. M. Smith, M. D.

I invite the earnest attention of my readers to this enterprise and cordially and unequivocally endorse it, and endorse the eminent gentlemen who are promoting it. They are all too well known to the medical profession to need it, but I will say that such names are a guarantee of honesty and good faith and sound judgment.—Daniel, Editor.

Biliousness.

BY J. A. CLEMENT, M. D., BALTIMORE, MD.

The world is full of biliousness. Now, I am free to admit that the term "biliousness" is not the least bit scientific, but the laity know what it means, and when they are given something to help it and that something does help it they want more of that something, which fact increases the demand for that something which, in this case, is Felsin.

I report results in four cases. In each one of these cases I used Felsin and nothing else. I wished to test the value of the preparation so that these cases show bona-fide results from the use of the tablets, and that is what physicians want:

Case 1.—Mr. G., age 40; occupation, patrolman. This patient is so situated that his meals are taken very irregularly and, as a rule, hurriedly. Natural result—dyspepsia. On January 18, 1903, called for prescription; complained of accumulation of much gas and rumbling in abdomen, pyrosis, bad taste in mouth, a sensation of "a rock in my stomach," bowels irregular and slight frontal headache. Gave Felsin tablets, one after each meal and one at bedtime. February 1st reported that he had received considerable relief. Continued the prescription. February 7th, reported all symptoms cleared up with the exception of the constipation, which was improving. Ordered Felsin, one tablet after meals, for an indefinite time.

Case 2.—Mr. M., age 53; no occupation. He belongs to what I term the "hot bird and cold bottle" class of dyspeptics. Imprudent both in eating and drinking. His main complaint was excessive flatulence, bilious headache and constipation. Gave Felsin tablets every four hours for three days, then one tablet after each meal and

one at bedtime. The flatulence disappeared in two days, the headache in three, and the bowels are beginning to act as they should. If he will be careful with his diet and continue the use of the tablets for a couple of months I am confident he will get well, but such cases are hard to manage.

The tablets acted in this case very nicely, as, from the patient's description, he has about run through the list of digestives. Now he is grateful to Felsin.

Case 3.—Mrs. C., age 65. For three months past has noticed that if she takes anything more for supper than a cup of tea and a cracker or two she would awaken next morning with headache and more or less nausea. Also reported chronic constipation. Ordered Felsin tablets after each meal and on going to bed. The first two mornings after using the tablets awakened with headache, but no nausea; the third morning awakened free from both headache and nausea. Has now been using tablets two weeks and can eat a moderate meal at night with no bad result next day. Will continue use of tablets.

Case 4.—Mrs. D., age 24. Four months advanced in first pregnancy; complains that "everything she eats fills her full of wind and she can't get rid of it." Complaints of pregnant ladies must be taken with a grain of salt, but prescribed Felsin, one tablet after meals. After eight days treatment she reported that she had no more difficulty with the wind, but now she can't get enough to eat. Evidently Felsin in this case relieved the gas and stimulated the appetite.

[Editor's Note.—Felsin is a new preparation manufactured by the Viskolein Co., 210 Fulton Street, New York, who will no doubt send samples to physicians upon request.]

The Happy Microbe.

I'd like to be a microbe,
  And with the microbes play,
Without a task to fret me
  Through all the livelong day.

I'd like to give up striving
  To make ends meet, and fare
Wherever fancy led me,
  Without a worldy care.

I'd like the independence
  To freely come and go,
As does the happy microbe,
  With none to say him no.

The microbe serves no master,
  He never has to sigh
O'er chances that escape him
  Or joys he let go by.

Phillips' Emulsion

50% best NORWAY COD LIVER OIL minutely sub-divided, WITH WHEAT PHOSPHATES (Phillips')

Pancreatized, Palatable, Permanent, Miscible in Water, Milk, Wine, etc.

Phillips' Milk of Magnesia

$Mg\ H_2\ O_2$ (FLUID.) "THE PERFECT ANTACID."

for correcting Hyperacid conditions—local or systemic.
Vehicle for Salicylates, Iodides, Balsams, etc.

Phillips' Phospho-Muriate of Quinine, COMP.

TONIC AND RECONSTRUCTIVE.

WHEAT PHOSPHATES, WITH MURIATE OF QUININE AND STRYCHNINE.

PHILLIPS' WHEAT PHOSPHATES (ACID).
PHILLIPS' SYRUP OF WHEAT PHOSPHATES.
PHILLIPS' DIGESTIBLE COCOA.

THE CHAS. H. PHILLIPS CHEMICAL CO., NEW YORK

THIS magnificent fire-proof structure, which has been in process of erection during the past year, will be completed and dedicated about June 1, 1903. There will be accommodations in the main building for 350 guests, and accommodations in other buildings for 400 more patients. One hundred and seventy-five rooms have private baths. The new building is equipped with six hydraulic elevators, electric lights, a private telephone in each room, and all modern conveniences. For information concerning the facilities afforded, terms, etc., address,

THE SANITARIUM, Battle Creek, Mich.

No physician can afford to be indifferent regarding the accurate filling of his prescription.

His loving wife ne'er dopes him
  Because his feet get wet;
He needn't go in springtime
  To look for flats "To Let."

At night his mate ne'er greets him
  By running out to say:
"I hope you've had your dinner,
  For Hannah quit today."

His baby never tumbles
  Out of its little bed,
Or crawls beneath the table
  To bump its little head.

House cleaning has no terrors
  That he must ever face;
He never is besmirched by
  A relative's disgrace.

Oh, happy, happy microbe,
  Without a task or care,
I wonder if you envy
  Some smaller mite somewhere?

—*Medical Standard.*

Laughs and Laughter.—Speaking of laughs, the most heart-rending laugh is the laugh of the summer girl that shook you, and is gadding around with some other fellow.

The most demoralizing laugh, to the married man, is the laugh of the family doctor when he comes up and slaps the married man on the back and shouts, "It's twins, old man!"

The most grotesque laugh is that of the fat woman, at a picnic, when she's got a pickle in her mouth.

The hollowest laugh is the laugh a man laughs when he sees the necktie his wife has bought him.

The cutest, sweetest little laugh is the laugh of your best girl. It generally costs a couple of theater tickets and a dollar or two hack-hire, though.

The most dangerous laugh is the laugh of a man when he's getting shaved at the barber shop.

The most untimely laugh is that of the boy who is making off in the darkness with the doped watermelon.

The most hilarious laugh is the laugh of the fellow who scoops in the stakes on a jack-high bluff.

One of the most comical laughs is that of a person who's got the hives, where the mouth sticks way out to one side and the nose acts as though it was mad about it.

The most enjoyable laugh is the laugh that's on someone else.

There are countless different kinds of laughter. Some people's laughter is soft and mellifluous, like the ripple of a meadow brook or the carol of the first robin of early spring, while other people's

The Shumate Dollar Razor.

Are you looking for a Razor that will hold its edge?
One that can be depended upon when you need it?
One that will make your shave a comfort?
One that has a character of its own?
One that can be exchanged at any time?
If so, the SHUMATE is the Razor for you to buy.
It is a perfect Razor at a sensible price.

THE SHUMATE HONING STROP.

This is what you have been wishing for. A Strop that will do away with the troublesome hone. A few strokes on the sharpen side make a new razor out of the dullest blade.

Either Razor or Strop postpaid for **ONE DOLLAR**

SHUMATE RAZOR CO., Austin, Texas.

TEST TUBE EVIDENCE

No. 1.

is convincing and shows the rapid effect obtained by the administration of

Cystogen

in Cystitis, Bacteriuria, Phosphaturia, Pyuria, and all other conditions indicating a diuretic and urinary germicidal agent.

Fig. 1. Urine cloudy; fetid odor; full of bacteria, pus, blood and epithelial cells; ammoniacal.

Fig. 2. Urine clear and sweet, amber colored, acid reaction.

This result has been obtained in one week by giving CYSTOGEN grs. 5 four times daily.

Administered in five gr. doses three or four times daily, CYSTOGEN will make the urine a solution of formaldehyde, and thereby inhibit the formation of pus, prevent ammoniacal decomposition, and render it bland and unirritating to the mucus membranes.

Cystogen is prepared in powder and tablets of 5 grs. each.

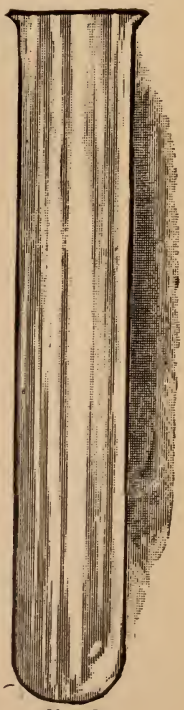
SAMPLES ON REQUEST.

CYSTOGEN CHEMICAL CO.

ST. LOUIS.

D 61.

WRITE FOR LITERATURE.



No. 2.

laughter reminds you of the screech of an old turkey gobbler, or the wild wail of an asthmatic donkey. A nice, clean-cut honest laugh is worth going a good many rods to hear. Next to having a good laugh ourself we like to hear a laugh like that.

Laughter is one of Nature's best medicines and beats pills and bitters out of sight. Laughter brushes down the cobwebs from the ceiling of the brain, dusts up and sweeps out the musty whims and cranky notions and gloomy forebodings, and adorns the chamber of thought with the beautiful picture of hope. When laughter enters the front door, despair scoots up the chimney-flue and remorse flies to the cat-hole. The phantoms of dread commence to dance funny break-downs, and the imps of gloom look like the members of a little German band.

Laughter works on the phrenic nerve which vibrates the diaphragm, thereby agitating the abdominal and thoracic regions, thus tending to establish an equitable blood supply and promoting the normal metabolism of the body.—*B. H. Colegrove in Diet. and Hyg. Gaz.*

News and Miscellany.

Club Foot Operation.—We saw our esteemed contemporary of *The Texas Medical News,* Dr. M. M. Smith, of Austin, operate for *talipes equino varus* at Seton Infirmary on the 26th ult. before the members of the Austin District Medical Society. It was a child of two and a half years, and was a most gratifying success. Dr. Smith and Dr. Knox of Houston operated—one on each foot—on a case of double club-foot at Victoria during the meeting of the South Texas Medical Society. The Texas doctors have "caught on" and the operation is now done by Texas surgeons in several parts of the State as well as Lorenz does it.

"Do Hogs Pay?" asks a farmers' journal. Lamphear, the inimitable, who spells "kissed" *"kist,"* says that in his experience they do not; that they take a medical journal about five years without paying for it, and then return a copy to the publisher marked "refused." We have had some experience of that kind. No, hogs don't pay.

Will Repair Your Electrical Machines.—Static and all electrical medical apparatus put in running order. I am also agent for electrical and X-ray apparatus. Oliver Brush, 710 Colorado Street, Austin, Texas.

Examination of urine, sputum, blood, pathological specimens, etc., made at reasonable rates by New Orleans Clinical Laboratory, 124 Barrone Street, New Orleans. O. L. Pothier, M. D., Charity Hospital. I. I. Lemann, M. D., Secretary. J. B. Guthrie, M. D.

DO NOT FORGET

the importance of a remedy
that pacifies the irritable stomach
and intestines. This attribute of

GRAY'S Glycerine TONIC Comp.

makes it the most valuable
Summer tonic and reconstructive
in malnutrition, nervous exhaustion
and general debility.

THE PURDUE FREDERICK CO.,
No. 15 Murray Street, New York.

Lécithine Clin

Phosphorus in the state of an Organic Natural Compound.

"Natural Lecithine extracted from the yolk of Egg, contains Phosphorus under that "very active organic form which is peculiar to medicaments elaborated by living bodies."

PILLS CLIN
of chemically pure Lecithine
Each Pill contains 5 centigrammes of Pure Lecithine.
Sold in bottles of 25 soft gluten coated Pills.

GRANULATED CLIN
of chemically pure Lecithine
Each teaspoonful represents 5 centigrammes of Lecithine.
The granular form is of an easy administration, especially to children.

SOLUTION CLIN
of chemically pure Lecithine
for hypodermic injections
Sold in boxes of 8 sterilized tubes of one c.c. each, representing exactly 5 centigrammes of Pure Lecithine.
An intra-muscular injection of this sterilized oily solution must be given every 2 days.

INDICATIONS { NEURASTHENIA, GENERAL DEBILITY, NERVOUS PROSTRATION, RACHITIS, Etc.

DAILY DOSES: ADULTS, 10 to 25 centigrammes; CHILDREN, 5 to 10.

General Agents for the United States: E. FOUGERA & CO., NEW YORK.

Dr. M. K. Lott, of Cameron, widely known in connection with his painless treatment of the drug habit, was in a wreck on the T. P. R. R., near Jefferson, Texas, June 4th, and sustained, we learn, serious injuries.

For Sale.—Residence worth $1500, $600 stock of drugs, $2500 practice, all for $1500. A bargain for the right man. Situated in county seat west of Austin. Write at once to "B," care Texas Medical Journal, Austin, Texas.

Death of Dr. Orpheus Edwards.—This distinguished physician died at his home at College Hill, Cincinnati, June 19th (ult.), aged 77 years. Dr. Edwards had been for many years superintendent of the noted sanitarium at College Hill.

Dr. E. L. Thompson, of Dallas, Texas, one of the most widely known physicians of Texas, died suddenly at Mineral Wells June 12th. His death was a great surprise to his friends, as he was the very picture of good health. He was a graduate of the New Orleans School of Medicine in the class of 1860-61. Dr. Thompson had formerly lived at Chappell Hill, Texas, where he and the ever lamented Swearingen were partners.

Ex-State Health Officer W. F. Blunt died at his home in Lockhart, Texas, June 25th. Dr. Blunt was a native of Bellfield, Va., and was in his sixty-sixth year. The Public Health Department of Texas was closed and many friends from the various sections of the State went down to attend the funeral.

The Strange Case of Dr. Bruno, a Novel, by F. E. Daniel. I have reconsidered my determination, as expressed in my May issue, to publish my book serially in the "Red Back." It will be issued in book form October 1st in same handsome binding as "Recollections of a Rebel Surgeon," scarlet cloth and gilt. Price, delivered, $1. To be sold by subscription only. Send your $1 now and secure a copy. Only 500 will be issued.

Chacun a Son Gout.—Dr. W. T. Bull called in consultation a negro physician named Wheatland in the case of a millionaire named McKay. Wheatland supplanted him in the bosom of some other millionaire patrons cuckoo fashion, and, according to the press dispatches, he is now the latest fad with the plutocrats and is the social lion at Newport. Look to your laurels, Strenuous and Booker.

The Alvarenga Prize was awarded by the College of Physicians of Philadelphia to our own Dr. W. S. Carter, Professor of Physiology in the Medical Department of the University of Texas, Galveston. Texas is proud of Dr. Carter. This triumph of one of her young sons reflects great credit upon the State. This prize was

DALLAS MEDICAL COLLEGE.

Fourth Session Opens October 1, 1903, and Continues Six Months.

The Largest Medical College in the Great Southwest. New Buildings and Equipment. Ample Hospital Facilities. A Large Faculty of Salaried Teachers.

While the tuition fees are slightly in advance of the other southern medical schools the advantages are greater.

Write for Particulars.

HUGH L. McNEW, M. D., Dean.

DALLAS, TEXAS.

awarded a few years ago to another Texas physician, Dr. R. H. L. Bibb, now Chief Surgeon of the Mexican National Railroad at Saltillo. Texas heads the procession.

Boom! Boom!—Organization is booming in Texas. Travis county organized on the 17th inst. with nearly every physician in the county in attendance. Dr. B. M. Worsham, Superintendent of the State Lunatic Asylum, was elected president. Williamson county organized recently with a membership of fifty-nine. Dr. W. T. Jones, Georgetown, president. Want of space prevents more extended notice, as we are just going to press. Keep it up, boys, and at Austin next April let us have a thousand or more in attendance.

Books and Magazines.

Tuberculosis—Recast from Lectures Delivered at Rush Medical College, in affiliation with the University of Chicago. By Norman Bridge, A. M., M. D., Emeritus Professor of Medicine in Rush Medical College; Member of the Association of American Physicians. Handsome 12mo volume of 302 pages, illustrated. Philadelphia, New York and London: W. B. Saunders & Company. 1903. Cloth, $1.50 net.

This work represents the substance of the lectures on "Medical

The Real Uric Acid Solvent

THIALION

A LAXATIVE SALT OF LITHIA.

Enthusiastically Endorsed by Thousands of the Leading Physicians of the World.

Indications: Gout, rheumatism, uric acid diathesis, constipation, acute and chronic, hepatic torpor, obesity, Bright's disease, albuminuria of pregnancy, asthma, incontinence of urine, gravel, cystitis, uro-genital disorders, chronic lead poisoning, headache, neuralgia, neurasthenia and lumbago. It is also indicated in all cases where there is a pronounced leaning to corpulency, reducing to a minimum the always present tendency to apoplexy. In malaria because of its wonderful action on the liver, increasing two-fold the power of quinine. Hay Fever.

Prepared only for the Medical Profession.

Obtainable from your druggist, or four ounces direct from this office, carriage prepaid, on receipt of one dollar
A large book of 200 pages, containing the literature and clinical reports complete, on this potent drug, sent to you on application.

VASS CHEMICAL CO., Danbury, Conn, U. S. A.

General Agents for Great Britain and Colonies: Thos. Christy & Co., 4, 10 and 12 Old Swan Lane, Upper Thames Street, London, E. C., England.
Agents for Canada: Dart & Chapman, 641 Craig Street, Montreal.

The Ideal Rich Blood Maker.

FERALBOID

A Peptonized Albuminate of Iron as found in the Yolk of an Egg.

The advantage of feralboid is that it is a peptonized albuminate of iron which will keep indefinitely, the dose is small and is capable of any number of different combinations with other drugs.

Feralboid is given only in one-third and two-thirds of a grain and to further protect it, is put up in tablets, 150 in a bottle, as follows:

Feralboid plain, each tablet containing one-third of a grain of the drug.
Feralboid and quinine, each tablet containing one-third of a grain of feralboid and one grain of quinine.
Feralboid, quinine and strychnia, each tablet containing one-third of a grain of feralboid, one grain of quinine and one one-hundredth grain of strychnia sulph.
Feralboid and manganese, each tablet containing one-third of a grain of feralboid and one grain of the sulphate of manganese.

One hundred and fifty of either kind of these tablets will be sent, carriage prepaid to any part of the United States, on receipt of one dollar.

A SURGICAL PROP.

A Perfect Antiseptic Ointment for Surgical Uses.

Prepared only for the Medical Profession.

LYPTOL

Hydrargyri bichloridi, Oleum eucalyptus (Australian), Formalin, Benzo-boracic acid.

A glance at this formula will convince the busy practitioner at once that in lyptol we have a most formidable weapon for combating a wide range of surgical conditions. It must be remembered that it is prepared exclusively for the use of the Medical Profession; in fact, if the manufacturers wanted to do so, a glance at the formula will show that it is too powerful to be used without the direction of the physician. It is put up in large glass jars containing one pound.

If you cannot procure it from your druggist, we will, on receipt of one dollar, send one full pound jar, express paid.

The ARGOL CO., Chemists, Danbury, Conn., U. S. A.

General Agents for Great Britain and Colonies: Thomas Christy & Co., 4, 10 and 12 Old Swan Lane, Upper Thames Street, London, E. C., England.
Agents for Canada: Dart & Chapman, 641 Craig Street, Montreal.

Tuberculosis" delivered by Professor Bridge at Rush Medical College during the past three years. It is essentially practical in character, containing as it does a concise and at the same time complete description of the best known means, both preventive and curative, of treating the disease. The author in his preface very aptly says: "In this day of better hope for the victims of this amazing disease, and better knowledge of how to prevent it, a new science and a new gospel need to be taught, to the end that both the profession and the public may be aroused to their duty and opportunities."

The book is one that every general practitioner can and should read. R. and L.

PROGRESSIVE MEDICINE.—Fifth Annual Series. Volume I, March, 1903. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 450 pages, illustrated. Per volume, $2.50, by express, prepaid. Per annum, in four cloth-bound volumes, $10.00. Lea Brothers & Co., Publishers, Philadelphia and New York.

In this number of "Progressive Medicine" Chas. H. Frazier reviews the wonderful progress which has lately been made in the surgery of the skull and brain. He also discusses the surgery of the neck and chest. Herrick, in his section on "Infectious Disease," dwells particularly upon the status of serum therapy at the present time. Crandall on the Diseases of Children, L. Hektoen on Pathology, Turner on Laryngology and Rhinology, and Randolph on Otology, all present interesting reviews of the work recently done in their respective lines. R. and L.

AMERICAN EDITION OF NOTHNAGEL'S PRACTICE.—DISEASES OF THE STOMACH. By Dr. F. Riegel, of Giessen. Edited, with additions, by Charles G. Stockton, M. D., Professor of Medicine in the University of Buffalo. Handsome octavo volume of 835 pages, illustrated, including 6 full-page plates. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Cloth, $5.00 net; half Morocco, $6.00 net.

This volume, like the others of this excellent practice, is thorough and complete, scientific and practical. The importance of examining the stomach contents is becoming more and more apparent to the general practitioner. Methods in determining the presence or absence of hydrochloric acids, its bearing on the pathology of stomach disease, and the hydrochloric acid question in general is discussed with accuracy and clearness that spring from wide experi-

ence. The simplicity of the methods of chemical analysis of stomach contents and physical examination place this invaluable knowledge within easy reach of all, rendering treatment of the obscure conditions to be carried out in an intelligent and scientific manner. It is not necessary to be a chemist or to have a well-equipped laboratory to determine these necessary facts.

In this book we find particular attention given to disturbances of motility and their influence on the disturbances of secretion. It is evident that careful study has been devoted to the subject of impairment of the absorptive powers, and the significance of gas fermentation has been emphasized.

We are confident that for scientific excellence and completeness, as well as for mechanical perfection, this work stands unrivaled.

R. and L.

PRACTICAL POINTS IN NURSING. For Nurses in Private Practice. With an Appendix containing Rules for Feeding the Sick; Recipes for Invalid Food and Beverages; Weights and Measures; Dose List; and a full Glossary of Medical Terms and Nursing Treatment. By Emily A. M. Stoney, late Superintendent of the Training School for Nurses, Carney Hospital, South Boston, Mass. Third edition, thoroughly revised. Handsome 12mo of 458 pages, fully illustrated, including 8 colored and half-tone plates. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Cloth, $1.75 net.

The publishers lay especial stress upon the fact that in the preparation of the present edition this work has been completely revised from beginning to end. For example, the sections treating on infectious diseases, the treatment of the common poisonings, etc., have been entirely recast and rewritten.

By the aid of this well-written and well-arranged little work any nurse of average intelligence should be able to instruct herself as to the best means of meeting the various emergencies likely to occur in medical and surgical cases while awaiting the arrival of the doctor.

R. and L.

ZAPFFE'S BACTERIOLOGY. A Manual of Bacteriology for Students and Physicians. By Fred. C. Zapffe, M. D., Professor of Histology in the College of Physicians and Surgeons, and Professor of Pathology, Bacteriology and Hygiene in the Illinois Medical College, Chicago. In one 12mo volume of 350 pages, with 150 engravings and 7 full-page colored plates. Cloth, $1.50 net; flexible leather, $2.00 net. Lea's Series of Pocket Text-books, edited by Bern B. Gallaudet, M. D.

Professor Zapffe's compendious manual covers the theoretical and clinical aspects of bacteriology in a manner answering the needs of

CHAPOTEAUT'S

PURE
Peptone Wine
A Delicious Nutritive Stimulant

Dialysed Pepsine
Free from all impurities.
Dispensed in spherical pearls.

Morrhuol
(*Extractum Olei Morrhuæ Alcoholicum*)
Alkaloids and all Curative Principles of Cod Liver Oil
Dispensed in Capsules.

Morrhuol Créosoté
Dispensed in Capsules, each containing 3 minims of Morrhuol and 1 minim of pure beechwood Creosote.

Apioline
The true, active principle of parsley.
In capsules of 20 centigrammes each.
For Suppressed, Irregular or Painful Menstruation.

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general practitioners as well as students. The clear and concise manner with which he deals with this subject renders this little volume most valuable. Eliminating unnecessary discussions, he starts at the very beginning, carrying his reader systematically up to the point of gaining a full and comprehensive view, not only of bacteriology, but also of its practical relation to medicine. A course of practical laboratory exercises is likewise included in this comprehensive volume. R. and L.

Publisher's Department.

Putrefactive Processes.—As an antiferment, to correct disorders of digestion, and to counteract the intestinal putrefactive processes in the summer diarrheas of children, Listerine possesses great advantage over other antiseptics in that it may be administered freely, being non-toxic, non-irritant and non-escharotic; furthermore, its genial compatibility with syrups, elixirs and other standard remedies of the materia medica renders it an acceptable and efficient agent in the treatment of diseases produced by the fermentation of food, the decomposition of organic matter, the endo-development of fetid gases, and the presence or attack of low forms of microzoic life.

An interesting pamphlet relating to the treatment of diseases of this character may be had upon application to the manufacturers of Listerine, Lambert Pharmacal Co., St. Louis.

Chaparro Amergoso—A New Dermatological Remedy.

In the *Medical Council*, June, 1903, Heartsill reports results with the new dermatological remedy, Chaparrin. His experience with the remedy was uniformly satisfactory in eczema, tinea and scabies. Among the cases reported the following is of special interest:

Case 1. Hon. A. J. B., male, age 50, occupation lawyer, district judge. Eczema, erythematous variety, thirty years' standing. Had been relieved from duty in cavalry service Confederate States army on account of eczema affecting scrotum, anus and feet. Nails on toes were one-half inch thick. Came for treatment fourteen years ago. Used Chaparrin full strength once daily for the first week, then every other day for three weeks, at the end of which time the patient was discharged cured. Forbade the use of soap and water during treatment. I saw the patient a few weeks ago and the cure is permanent; no return whatever.

Chaparrin is a product of the Texas shrub, *Chaparro amergoso*, and eventuates from a long series of experiments. The active principles of *Chaparro amergoso* are combined with salicylic acid, phenol and camphor. It has proven to be a remarkable remedy in all skin diseases. Literature on Chaparrin is furnished by the Matthewson Laboratory, Marshall, Texas.

THE

TEXAS MEDICAL JOURNAL.

ESTABLISHED JULY, 1885.

PUBLISHED MONTHLY.—SUBSCRIPTION $1.00 A YEAR.

VOL. XIX. AUSTIN, AUGUST, 1903. No. 2.

Original Contributions.

Experiments to Determine the Disinfecting Value of the Morris Formaldehyde Generator.*

BY ALLEN J. SMITH, M. D.,

Professor of Pathology; Bacteriologist of the Medical Department, University of Texas, Galveston, Texas.

The room used for all these investigations is a small one, containing 850 feet of air space, situated on the second floor of the Medical College building. It has one window, 3x4 feet, about 8 feet from the floor, and one large door. All the noticeable cracks and crevices were pasted over with strips of paper, other places were stuffed with old rags; the cracks about the door made as air tight as possible with cotton. Even after stopping the room in this manner, it presented the following difficulties in securing the best results. 1. It is small, and so a small charge of alcohol is to be used. It requires the same amount of alcohol to heat the asbestos disc, when a small amount of alcohol is used as when a large quantity is taken, so, in a small room, a comparatively greater amount of the alcohol is used up before the generation of formaldehyde begins. 2. A number of large water and steam pipes pass through the floor and ceiling of the room and it is difficult to pack the openings about the pipes airtight. 3. No way of withdrawing the infected material was had save by opening the door, and as this had to be done seven times in the twenty-four hours, it will be seen that a great diminution of the gas must have occurred. That the room leaked, was evidenced by the strong odor of formal-

[*Now called the Germicidal Gas Generator.—EDITOR JOURNAL.]

dehyde which prevailed in the corridors and rooms during the experiments.

Four pathogenic organisms were used, the streptococcus pyogenes, bacillus typhosis, bacterium anthracis, and mycobacterium diphtheriæ. These organisms represent a fair range in their resistance to destructive agents, the anthrax being most resistive. In each series, three conditions of exposure were prepared. The first was made by dipping bits of sterile glass in a bouillon culture of the organism, placing it on a bit of sterile cotton and covering it with a very loose bit of cotton. This gave a practically free exposure, with great danger of contamination subsequent to exposure to the gas. In the second, we dipped bits of sterile filter paper in the bouillon cultures and placed them between two layers of a felt (billiard cloth), weighing 367 grams per square meter. This felt is quite compact and is more difficult of penetration than the ordinary blankets. The third condition was like the second, save the paper was protected by two thicknesses of felt.

Also in each series (with the exceptions shown in the tables), inoculations were made at stated intervals into sterile peptone and bouillon tubes. These intervals are, at the close of the generation of the gas (usually one hour after starting), 2, 3, 6, 12, 18 and 24 hours. These inoculated tubes were incubated at 37 degrees C. (body temperature), and records were made at the end of 24, 48 and 72 hours. The fluid in the generator was methyl alcohol, to which 1 per cent carbolic acid had been added.

Series five was done first, and must be regarded in the light of a preliminary investigation to determine whether the disc was packed properly. The results of this experiment were not satisfactory, so it was repeated in series one, after having properly adjusted the packing of asbestos.

In series five, on April 10th, the generator was charged with 1500 cc. of the alcohol mixture, 750 cc. of water, with a temperature of 50 degrees C., were placed in the water pan and the apparatus started in the usual manner. From the first, it was noticed that the volume of gas usually obtained was not being given off and the results bore this out. Twenty-four bouillon cultures were used to infect the glass and filter paper. The anthrax culture apparently contained no spores, as least none were demonstrated by staining. Inoculations were made at the intervals given above, and the tubes were grown three days. The results are shown in tables A and B. Here it will be seen that the streptococcus was killed from the first; the bacillus typhosus was not destroyed entirely until after six hours; clean tubes not being obtained until

twelve hours from the start. The anthrax was readily killed, the tube containing the bit of glass exposed twelve hours being infected, but by a coccus which must have gotten in subsequent to disinfection. At eighteen hours, the tube containing the filter paper, covered by two thicknesses of felt, was infected, but by a rod-shaped organism, too small and thin for the anthrax. All the tubes supposed to contain the mycob. diphtheriæ were contaminated, even after twenty-four hours exposure to the gas. This, however, was not the diphtheria germ, but has been identified by us as one form of the B. subtilis. (For further discussion, see on series four.)

In series one, the disc had been properly packed and the amount of gas given off was satisfactory. Fifteen hundred cc. of alcohol were again used, 750 cc. of water, at 50 degrees C., placed in the evaporating pan. That the air was pretty thoroughly saturated was evidenced by the deposition of moisture on the window pane. Exposures were made as before, the material being taken from 24-hour bouillon cultures. By staining, no spores were demonstrated in the anthrax. By reference to tables C and D, it will be seen that complete destruction of the streptococcus pyogenes was effected at the end of two hours; with the B. typhosus this was done in three hours; with the Bact. anthracis, at the end of three hours; the tube containing the bit of glass was contaminated at the end of forty-eight hours. It is to be noted, however, that all the 2-hour tubes were clean. The Mycob. diphtheriæ was destroyed all the way through after two hours.

In series two, 1000 cc. of fluid were used, and 750 cc. of water at 50 degrees C. At the end of twenty-four hours, 250 cc. of this water was still unevaporated. Spores were present in the culture of anthrax; 48-hour cultures being used. Inoculations, as before, were incubated. Tables E and F will give the results. All the streptococci tubes were clean at three hours; one of the 3-hour typhoid tubes was infected in seventy-two hours, but by a non-motile, rod-shaped organism too thick to be typhoid, all the typhoid bacilli being killed in three hours. The anthrax was killed in six hours this time, while the diphtheria was killed all the way through.

In series three, exposures were made under similar conditions, save here 750 cc. of alcohol and 750 cc. of water, at 50 degrees C., were used. Of this water, there remained at the end of twenty-four hours 400 cc. Again, inoculations were made at the stated intervals. Here (tables G and H), two hours were sufficient to destroy all the streptococci. The tube containing the bit of glass exposed for six hours is excluded, since it contained no cocci, but a rod-shaped organism, undoubtedly due to external contamination.

For the B. typhosus, to be sure of its destruction, an exposure longer than three hours is necessary for this amount of fluid, since one tube was infected at the end of three hours. The same time is necessary for the Bact. anthracis, its lethal time for this amount of alcohol probably being somewhere between three and six hours. All the tubes of the Mycob. diphtheriæ were clean, thus substantiating the statement of the authorities as to the easy destructibility of this germ.

In series four the generator was charged with 1500 cc. of fluid and 750 cc. of water at 50 degrees C., and operated as in series one, except this time preparations were made of a thick, rod-shaped organism (identified as the bacillus subtilis, the same that contaminated the Mycob. diphtheriæ in series five), and also bits of filter paper were dipped into cultures of the four organisms used before, these then sealed in envelopes and distributed, as follows: One placed in the inside pocket of a woolen coat, hanging six feet from the floor, another in the pocket of a pair of woolen trousers, also hanging up; a third was laid, unprotected, on top of the book case (four and one-half feet high); the fourth pinned to the wall, eight feet high and just under the only window. These envelopes remained in the room the full time of the experiment (twenty-four hours), and the bits of paper were then inoculated into bouillon and incubated for seventy-two hours. At the end of this time, only one tube was infected, that containing the anthrax culture, exposed by placing in a sealed envelope in the inside coat pocket. These results may be seen in table I. The tubes inoculated with the B. subtilis were all contaminated at the end of seventy-two hours incubation, even those exposed to the gas for twenty-four hours, thus indicating a high resistance. Spores in the original culture were demonstrated by staining.

In this experiment, estimations of the percentage of gas were made by aspirating the air of the room through a standard ammonium hydrate solution, then titrating this with a standard hydrochloric acid solution to estimate the loss of the ammonia combining with the formaldehyde. At the end of one hour, from the time the generator was started, there was 1.6 per cent of gas present (this by volume); at the end of three hours, .95 per cent; at the end of four hours, .75 per cent. This marked diminution in the percentage is probably due to the leakage, the escape of the gas in opening the door to remove the infected material, and by going in solution in the moisture present. It is to be recalled that the results obtained by this method have been shown by observers to be only approximate.

CONCLUSIONS.

From these trials it would seem that 1000 cc. of alcohol are sufficient to effectually destroy the organisms employed in three hours time in a room containing 850 cubic feet of air space, or when generated in the proportion of 1.6 per cent by volume or above. It would probably be best if the charge be so arranged as to give approximately 2 per cent by volume in rooms having more apertures than the one used, and it may be surmised that in rooms larger than this, where a greater proportion of the alcohol is available for gas generation, the charge would be approximately 1000 cc. for each cubit foot of air space.

Excluding the instances in the report and appended tables, where evident contamination has occurred after disinfection, it may safely be said that, at least with the same conditions used in these experiments, the gas generator is efficient in the destruction of the streptococcus pyogenes, the B. typhosus, the Bact. anthracis, the Mycob. diphtheriæ, in from three to six hours of exposure direct or no more direct than described above. Its high rate of efficiency is evidenced by its distinct destruction of the sporulating anthrax under the conditions named. That, however, there are exceptional organisms capable of resisting as full exposure to formaldehyde as herein named, is proved by the type of B. subtilis contaminating the diphtheria in series five, and later, after identification, the subject of special experiment in series four (table I). This surprising result is not without precedent, as special forms of this organism have been found to resist streaming steam for sixteen hours (Rosenau, in "Disinfection and Disinfectants," p. —).

ALLEN J. SMITH,
Professor of Pathology.
JAMES J. TERRELL,
Demonstrator of Pathology.

SERIES FIVE—TABLE A.

1500 C. C. of Alcohol Used.

Bacteria.	Time of Exposure.	Condition of Exposure.	24 hrs. 37° C.	48 hrs. 37° C.	72 hrs. 37° C.	Remarks.
Streptococcus Pyogenes.	At close of generation	Glass bits in very loose cotton.	.....	.....	.....	
		Filter paper covered by one layer of felt.	.....	.....	.....	
		Filter paper covered by two layers of felt.	.....	.....	.....	
	2 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	3 hours	Glass bits	.....		.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	6 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	12 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	18 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	24 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
B. Typhosus.	At close of generation	Glass bits	.....	.....	.....	
		One layer	.....	-|-	-|-	Motile bacillus.
		Two layers	-|-	-|-	-|-	Motile bacillus.
	2 hours	Glass bits	.....	.....	.....	
		One layer	-|-	-|-	-|-	Motile bacillus.
		Two layers	-|-	-|-	-|-	Motile bacillus.
	3 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	-|-	-|-	Motile bacillus.
	6 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	-|-	Motile bacillus.
		Two layers	.....	-|-	-|-	Motile bacillus.
	12 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	18 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	24 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	

..... Tubes uninfected. -|- Tubes infected.

SERIES FIVE—TABLE B.

1500 C. C. of Alcohol Used.

Bacteria.	Time of Exposure.	Condition of Exposure.	24 hrs. 37° C.	48 hrs. 37° C.	72 hrs. 37° C.	Remarks.
Bact. Anthracis. No spores.	At close of generation.	Glass bits in very loose cotton.	.....	.....	.....	
		Filter paper covered by one layer of felt.	.....	.....	.....	
		Filter paper covered by two layers of felt.	.....	.....	....	
	2 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	3 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	6 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	12 hours	Glass bits.....	-|-	-|-	-|-	Coccus.
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	18 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	-|-	Bacillus (rod) not the anthrax.
	24 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	....	.....	
		Two layers.....	....	.....	.....	
Mycobacterium Diphtheria.	At close of generation.	Glass bits.....	-|-	-|-	-|-	(See report.)
		One layer.....	-|-	-|-	-|-	B. Subtilis.
		Two layers.....	-|-	-|-	-|-	
	2 hours	Glass bits.....	-|-	-|-	-|-	
		One layer.....	-|-	-|-	-|-	
		Two layers.....	-|-	-|-	-|-	
	3 hours	Glass bits.....	-|-	-|-	-|-	
		One layer.....	-|-	-|-	-|-	
		Two layers.....	-|-	-|-	-|-	
	6 hours	Glass bits.....	.....	-|-	-|-	
		One layer.....	-|-	-|-	-|-	
		Two layers.....	-|-	-|-	-|-	
	12 hours	Glass bits.....	-|-	-|-	-|-	
		One layer.....	-|-	-|-	-|-	
		Two layers.....	-|-	-|-	-|-	
	18 hours	Glass bits.....	-|-	-|-	-|-	
		One layer.....	-|-	-|-	-|-	
		Two layers.....	-|-	-|-	-|-	
	24 hours	Glass bits.....	-|-	-|-	-|-	
		One layer.....	-|-	-|-	-|-	
		Two layers.....	-|-	-|-	-|-	

..... Tubes uninfected. -|- Tubes infected.

SERIES ONE—TABLE C.

1500 C. C. of Alcohol Used.

Bacteria.	Time of Exposure.	Condition of Exposure.	24 hrs. 37° C.	48 hrs. 37° C.	72 hrs. 37° C.	Remarks.
Streptococcus Pyogenes.	At close of generation.	Glass bits in very loose cotton.	.....	.....	.....	
		Covered by one layer of felt.	.....	.....	-|-	Streptococcus.
		Covered by two layers of felt.	.....	-|-	-|-	Streptococcus.
	2 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	3 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	6 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	12 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	18 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	24 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
B. Typhosus.	At close of generation.	Glass bits in very loose cotton.	.....	.....	.....	
		Covered by one layer of felt.	.....	.....	-|-	Rod shaped—motile.
		Covered by two layers of felt.	.....	-|-	-|-	Rod shaped—motile.
	2 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	-|-	-|-	Rod shaped—motile.
	3 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	6 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	12 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	18 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	24 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	

..... Tubes uninfected. -|- Tubes infected.

SERIES ONE—TABLE D.

1500 C. C. of Alcohol Used.

Bacteria.	Time of Exposure.	Condition of Exposure.	24 hrs. 37° C.	48 hrs. 37° C.	72 hrs. 37° C.	Remarks.
Bacterium Anthracis. No spores.	At close of generation	Glass bits in very loose cotton.	.....	.....	-|-	Rod shaped.
		Covered by one layer of felt.	.....	-|-	-|-	Rod shaped.
		Covered by two layers of felt.	.....	-|-	-|-	Rod shaped.
	2 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	3 hours	Glass bits	.....	-|-	-|-	Rod shaped.
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	6 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	12 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	18 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	24 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
Mycobacterium Diphtheriæ.	At close of generation.	Glass bits	.....	.....	.....	
		One layer	.....	.....	-|-	Irregular rods.
		Two layers	.....	-|-	-|-	Irregular rods.
	2 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	3 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	6 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	12 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	18 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	24 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	

..... Tubes uninfected. -|- Tubes infected.

SERIES TWO—TABLE E.

1000 C. C. of Alcohol Used.

Bacteria.	Time of Exposure.	Condition of Exposure.	24 hrs. 37° C.	48 hrs. 37° C.	72 hrs. 37° C.	Remarks.
Streptococcus Pyogenes.	At close of generation.	Glass bits in very loose cotton.	.....	.....	.....	
		Covered by one layer of felt.	.....	.....	.....	
		Covered by two layers of felt.	.....	.....	-|-	A coccus.
	2 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	-|-	A coccus.
		Two layers.....	.....	.....	-|-	A coccus.
	3 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	6 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	12 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	18 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	24 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
Bacillus Typhosus.	At close of generation.	Glass bits.....	.....	.....	.....	
		One layer.....	.....	-|-	-|-	Motile bacillus.
		Two layers.....	.....	-|-	-|-	Motile bacillus.
	2 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	-|-	-|-	Motile bacillus.
		Two layers.....	.....	-|-	-|-	
	3 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	-|-	Non-motile, rod shaped to thick for typhoid.
	6 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	12 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	18 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	24 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	

..... Tubes uninfected. -|- Tubes infected.

SERIES TWO--TABLE F.

1000 C. C. of Alcohol Used.

Bacteria.	Time of Exposure.	Condition of Exposure.	24 hrs. 37° C.	48 hrs. 37° C.	72 hrs. 37° C.	Remarks.
Bacterium Anthracis. (Spores present by staining.)	At close of generation.	Glass bits in very loose cotton.	.....	.....	.....	
		Covered by one layer of felt.	.....	-|-	-|-	Rod shaped.
		Covered by two layers of felt.	.....	-|-	-|-	Rod shaped.
	2 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	... ..	.....	
		Two layers..	....	-|-	-|-	Rod shaped.
	3 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	-|-	-|-	Rod shaped.
	6 hours	Glass bits..... .	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	12 hours	Glass bits	.....	.....	.....	
		One layer.....	.....	.. ...	.....	
		Two layers.....	.....	.....	.....	
	18 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	. ....	.....	.....	
	24 hours	Glass bits.....	.....	.....	....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
Mycobacterium Diptheriæ.	At close of generation.	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	2 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	3 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.. ...	.....	
	6 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	12 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	18 hours	Glass bits..	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	24 hours	Glass bits	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers..	.....	.....	.....	

..... Tubes uninfected. -|- Tubes infected.

SERIES THREE—TABLE G.

750 C. C. of Alcohol Used.

Bacteria.	Time of Exposure.	Condition of Exposure.	24 hrs. 37° C.	48 hrs. 37° C.	72 hrs. 37° C.	Remarks.
Streptococcus Pyogenes.	At close of generation.	Glass bits in very loose cotton.	.....	.....	.....	
		Covered by one layer of felt.	.....	.....	.....	
		Covered by two layers of felt.	-|-	-|-	-|-	Streptococcus
	2 hours	Glass bits.	.....	.....	.....	
		One layer	-|-	-|-	-|-	Streptococcus.
		Two layers	-|-	-|-	-|-	Streptococcus.
	3 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	6 hours	Glass bits	.....	-|-	-|-	Rod shaped. Not streptococcus.
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	12 hours	Glass bits.	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	18 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	24 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	-|-	-|-	Did not stain.
Bacillus Typhosus.	At close of generation.	Glass bits	.....	.....	.....	
		One layer	.....	-|-	-|-	Bacillus.
		Two layers	.....	-|-	-|-	Bacillus.
	2 hours	Glass bits	.....	.....	.....	
		One layer	.....	-|-	-|-	Bacillus.
		Two layers	-|-	-|-	-|-	Bacillus.
	3 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	-|-	Bacillus.
	6 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	12 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	18 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	
	24 hours	Glass bits	.....	.....	.....	
		One layer	.....	.....	.....	
		Two layers	.....	.....	.....	

..... Tubes uninfected. -|- Tubes infected.

SERIES THREE—TABLE H.

750 C. C. of Alcohol Used.

Bacteria.	Time of Exposure.	Condition of Exposure.	24 hrs. 37° C.	48 hrs. 37° C.	72 hrs. 37° C.	Remarks.
Bacterium Anthracis.	At close of generation.	Glass bits in very loose cotton.	.....	.....	.....	
		Covered by one layer of felt.	.....	-|-	-|-	Rod shaped, thick
		Covered by two layers of felt.	-|-	-|-	-|-	Rod shaped, thick
	2 hours	Glass bits.	.....	.....	.....	
		One layer.....	-|-	-|-	-|-	Rod shaped, thick
		Two layers.....	-|-	-|-	-|-	Rod shaped, thick
	3 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	?	.....	
		Two layers.....	.....	.....	-|-	Rod shaped, thick
	6 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	12 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.	.....	.....	.....	
	18 hours	Glass bits..... ...	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	. ....	
	24 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
Mycobacterium Diphtheriæ.	At close of generation.	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	2 hours	Glass bits.....	.....	.....	....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	3 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.	.....	.....	.....	
	6 hours	Glass bits.....	.....	.....	.....	
		One layer..... .	.....	.....	.....	
		Two layers.	.....	.....	.....	
	12 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers..	.....	.....	.....	
	18 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	.....	.....	
		Two layers.....	.....	.....	.....	
	24 hours	Glass bits.....	.....	.....	.....	
		One layer.....	.....	?	-|-	Rod shaped. Not the diphtheria.
		Two layers.....	.....	.....	.....	

..... Tubes uninfected. -|- Tubes infected.

SERIES FOUR—TABLE I.

1500 C. C. of Alcohol Used.

Bacteria.	Time of Exposure.	Condition of Exposure.	24 hrs. 37° C.	48 hrs. 37° C.	72 hrs. 37° C.	Remarks.
	At close of generation. 1½ hours	Glass bits in very loose cotton.	-|-	-|-	-|-	
		Covered by one layer of felt.	-|-	-|-	-|-	
		Covered by two layers of felt.	-|-	-|	-|-	
	2½ hours	Glass bits.....	-|-	-|-	-|-	
		One layer.....	-|-	-|-	-|-	
		Two layers..	-|-	-|-	-|-	
	4 hours	Glass bits.....	.....	-|-	-|-	
		One layer.....	-|-	-|-	-|-	
		Two layers.....	-|-	-|-	-|-	
	18 hours	Glass bits.....	.....	-|-	-|-	
		One layer.....	-|-	-|-	-|-	
		Two layers.....	-|-	-|-	-|-	
	24 hours	Glass bits.....	.....	-|-	-|-	
		One layer.....	.....	-|-	-|-	
		Two layers.	.....	-|-	-|-	

..... Tubes uninfected. -|- Tubes infected.

EXPOSED 24 HOURS IN SEALED ENVELOPES.

Bacteria.	Condition of Exposure.	24 hrs. 37° C.	48 hrs. 37° C.	72 hrs. 37° C.	
Streptococcus Pyogenes.	In inside pocket of coat..	.....	.....	.....	.....
	In pants pocket.....	.....	.....	.....	.....
	Lying on top of book-case.	.....	.....	.....	.....
	Tacked on wall 8 feet high.	.....	.....	.....	.....
Bacillus Typhosus.	In inside coat pocket.....	.....	.....	.....	.....
	In pants pocket.....	.....	.....	.....	.....
	Lying on top of book-case.	.....	.....	.....	.....
	Tacked to wall 8 feet high.	.....	.....	.....	.....
Bacterium Anthracis.	In inside coat pocket.....	..	.....	--	Anthrax.
	In pants pocket.....	.....	.....	.....	.....
	Lying on top of book-case.	....	.....	.....	.....
	Tacked to wall 8 feet high.	.....	.....	.....	.....
Mycobacterium Diphtheriæ.	In inside coat pocket.....	.....	.....	.....	.....
	In pants pocket.....	.....	.....	.....	.....
	Lying on top of book-case.	.....	.....	.....	.....
	Tacked to wall 8 feet above floor.	.....	.....	.....	.....

.....Tubes uninfected. -- Tubes infected.

For Texas Medical Journal.

Tenotomy as a Preliminary Procedure for the Reduction and Cure of Talipes—Report of Eight Cases.*

BY J. S. WOOTEN, M. D., AUSTIN, TEXAS.

The operations for the reduction and cure of talipes may be considered under the following heads:

1. Manual correction, gradual or forcible, with or without an anesthetic.

2. The employment of mechanical force under an anesthetic by means of a tarsoclast, the Thomas wrench, or some form of extension apparatus as used by Schaffer or Phelps.

3. The subcutaneous tenotomy and mynotomy, followed by the employment of manual or mechanical force.

4. The open section, known as the Phelps operation, with the division of all the soft parts until the deformity can be overcome by manual force.

5. Osteotomy, to overcome the more aggravated deformities or those occurring in older cases.

The treatment of club-foot by mechanical force is as old as Hippocrates himself, and successful results have followed the laborious efforts of those early pioneers in orthopedic surgery before the newspaper came to herald their marvelous cures. Some of you, as with the writer, who have interested yourselves in this line of surgery and are familiar with the history of these old operative procedures and their modifications in modern surgery, have been doubtless surprised at the recent commotion and cry that has been raised over the *new* and unheard of bloodless operation for club-foot, and equally chagrined that some of our professional brothers should have mounted the newspaper band wagon and proceeded to ride in the up-to-date procession of public sensationalism and notoriety.

The causation of these congenital deformities is still shrouded in doubt, but the most probable and plausible explanation of their occurrence is the theory of retarded rotation, propounded first by Esserricht and elaborated by Berg, of New York, and Parker, of Lon-

*Read at meeting of the Austin District Medical Society, June 26, 1903.

don. Berg has shown that the position of the feet in the early months of utero-gestation is that of equino varus, and their normal rotation is interfered with by numerous possible causes, and the feet thus failing to unfold are left in the characteristic distortion of varying degrees. The pathology of this deformity is too well known to discuss; the changes involve not alone the ligaments, tendons and muscles, but the bones as well, and it is this last physical and altered condition that I shall specially call your attention to later. Surgical authorities from time immemorial have called our attention to the great good to be accomplished in overcoming the feet deformities in infants by manual treatment applied daily, either by the physician, nurse or mother, and doubtless many of you have seen such cases of mild talipes so corrected. During these early months, before ossification has taken place and while the soft parts are elastic and easily overcome, over-correction in one sitting can be readily attained by manual force and the position of the foot maintained by properly adjusted plaster paris dressing. Such were the procedures practiced in the early days before antiseptic and aseptic surgery. In view of the fact that such cases are usually left alone and neglected and no treatment undertaken, the majority of such deformities usually reach a surgeon at a much more advanced age. In the transactions of the Hospital for Ruptured and Crippled, New York City, 1890, as collected by Dr. W. R. Townsend (in which hospital the writer enjoyed the privilege of working during the summer of 1891), out of two thousand three hundred and eighty-six cases, analysis shows some very interesting facts; that club-foot is among the most frequent congenital deformities; that congenital club-foot is less frequent than non-congenital; that talipes equino varus constitutes three-fourths of all cases; that equinus and calcaneus are rare as congenital deformities, but common as paralytic. It is this larger class of congenital talipes equino varus that I would consider today, and the application of the principles herein considered will be modified according to the experience and judgment of the surgeon in handling the other varieties of talipes.

The method of treatment employed by the writer consists of tenotomy of the tendons of the tibialis anticus and posticus through open incisions made over the tendons at the lower end of the tibia as they course through the anterior and posterior grooves of the internal malleolus, together with subcutaneous tenotomy of the tendo-achilles and forcible massage. The relative position of the first two tendons is first made out and a small incision carried down through the fascia, the tendon raised out of its channel by means of a strabismus hook, the identity of the tendon thoroughly

established, and then divided. No difficulty is experienced in hooking up the anterior, but owing to the deeper groove occupied by the tendon of the posticus muscle, trouble is sometimes experienced, but which may be overcome by having the assistant sharply adduct and rotate the foot in order to relax this tendon. When these two tendons have been divided, it is very important that the varus deformity should be thoroughly and over-corrected and immediately before any effort is made to cut the tendo-achilles, since the resistance offered by this large tendon better enables you to rotate and adduct the foot. This is done by forcible manipulation and massage. The tendo-achilles is then divided by subcutaneous tenotomy and the equinus deformity overcome, the more pronounced the retraction the better the results. The small open incisions seldom require suture, being dusted with iodoform and co-aptation maintained by a single strip of zinc oxide adhesive plaster. The dressings are light and simple, and care is then taken not to allow crowding of the dressing material between the ends of the severed tendons. A canton flannel roller bandage is then evenly applied from toes to knee, over which comes a plaster dressing. I prefer this flannel to cotton, since it can be more smoothly applied and less apt to roll up under the outside dressing. The toes should be watched after for any signs of undue pressure. If the correction of the deformity has been complete, or nearly so, this first dressing should be left on so long as it remains hard and perfect. At each subsequent dressing, the foot should be thoroughly manipulated and over-corrected, and the plaster reapplied. Usually, at the end of three or four months, the plaster is discarded, the deformity has been cured and a retension apparatus is then ordered to be worn for about one year as a safeguard against any return of the varus. The Taylor club-foot brace is the one usually employed by the writer. All of the cases upon which I have operated or directly assisted in have been in infants before walking period, and I believe the earlier the operation is performed the better the results and quicker the recovery. In that class of cases who can locomote, the best results are gotten by having them practice walking from the very first, since the body pressure tends to assist in curing the deformity and in forming new articular facets upon the implicated tarsal bone, and the necessity for a retension apparatus diminishes accordingly. There is no reaction from such an operation; no fever, swelling or pain, and as a result the dangers to pressure gangrene are slight. In some of the cases, difficulty was experienced in keeping the plaster case from slipping, in which instance the knee was slightly flexed and the dressing carried above this joint.

When you remember the pathological changes in the parts involved you will readily understand that the above operative procedures are purely preliminary and but a step towards the successful treatment and correction of the existing deformity. If we can overcome by brute force the resisting points as offered by the anticus and posticus muscles and the tendo-achilles, together with the astrogalo-scapoid and calcaneo-cuboid ligaments, how much more scientific, easier and less cruel is it to cut these tendons, for an anesthetic is required in every instance, and under modern aseptic methods the dangers from tenotomy are nil. Almost any surgeon can correct the deformity of club-foot, but unless the corrected position be maintained sufficiently long to insure changes and alterations in the facets of the tarsal bones, elongation of the contracted ligaments and a corresponding shortening of muscles and tendons on the outside of the foot, relapses will occur under any form of treatment. This corrected position is maintained under plaster paris dressing until all resistance becomes passive, and not until then should a retension apparatus, such as the Taylor brace, be applied and worn as a safeguard. In the marked equinus variety, the existing deformity can not be corrected except by tenotomy, and in the so-called bloodless operations paraded before the public the value of tenotomy is recognized and done and then silently covered up under a snugly fitting plaster dressing. In the hands of the experienced surgeon, the treatment of club-foot has been uniformly successful. The failures heretofore occurring after mynotomy and tenotomy have resulted from improper or want of proper after mechanical treatment, and such failures can not be used as an argument against the operation as a source of relief any more than can the operation for appendicitis in inexperienced hands, and which results in death to the patient, be used as a contra-indication against future surgical interference. The recent public demonstrations by the noted German clinician Lorenz have served only to demonstrate the absolute necessity of the employment of more force at the initial operation, and that the Phelps operation and others of still more extensive cutting are wholly unnecessary; but the operation by a manual force alone can never be an operation of choice, since it offers no single merit of claim over the well-established customs of modern aseptic surgery in the treatment of club-foot.

In the series of eight cases operated upon two were double equino varus, four single equino varus, three of which involved the right foot. All made a uniform recovery.

For Texas Medical Journal.

Suggestions on the Preparation of the Lying-in Chamber.

BY W. B. M'LAUGHLIN, M. D., OKLAHOMA CITY, O. T.

In all the domain of science there is no prouder achievement than Oliver Wendell Holmes's proof of the contagiousness of puerperal fever. In 1861 the capstone was set upon this discovery by Summelweis, who demonstrated that the hands of the obstetrician usually carried the infection, and devised a method of hand disinfection.

While much has been done in working out the details of the life history of the bacteria causing this infection, we have advanced but little from the period where these pioneers laid down the work, when we consider that the whole science of aseptic and antiseptic surgery has had its birth since Summelweis penned his classical essay. The labor of many brilliant minds has brought surgery through the antiseptic period up to the aseptic period, and today the surgeon is almost as careful about the room in which he operates as he is of the field upon which he operates. But it seems that the obstetrician has slept through all this period of wonderful development. He disinfects his hands as Summelweis did forty years ago, and calmly sits down, feeling that his whole duty is done. And if now and then a case of puerperal fever or *phlegmasia alba dolens* develops in his practice, he says it was unavoidable, and serenely goes to sleep again. Why has the obstetrician confined himself to disinfection of his hands and instruments and paid so little attention to the preparation of the lying-in chamber?

It is true that the surgeon can prepare a special room for operating, and keep it in good condition, while the obstetrician is called upon to do his work in all sorts of conditions. Until recently no means of disinfection has been available which would thoroughly disinfect a room without serious damage to its contents, but now sanitarians have given us formaldehyde gas and several enterprising American companies have developed generators to such a degree of perfection that there now remains no excuse for the obstetrician to lag behind his brother surgeon in the preparation of his operating room.

For the practical application of this idea I hope I may take the liberty of making the following suggestions: Three or four days before the expected confinement, the room in which the patient expects to spend the puerperal period should be thoroughly cleaned, the windows closed, and all cracks stopped up with wax paper. A

clothes line is then stretched several times across the room, and on this line is hung the bedding which is to be used during the period, as well as the gowns, lochial cloths, etc., of the patient. The room is now filled with formaldehyde gas (2 to 2.5 per cent per volume of air in the room) and closed. It is allowed to remain closed for twenty-four hours, when, if the moist gas has been used, it will be found necessary to open and air the room thoroughly. It is then closed until the day of confinement. If, however, the dry gas has been used, the room need not be opened until just before the time when it is to be occupied by the woman, if a little ammonia spray be used to neutralize the formaldehyde which has polymerized into pariform. Therefore, in my practice, I prefer the dry gas. It is claimed that moist formaldehyde is a more effective germicide, but bacteriological tests have shown that the dry gas in 2 per cent solution in air will destroy sporulating anthrax through two thicknesses of billiard cloth. I, therefore, regard the dry gas as eminently preferable and sufficient for practical sterilization.

It is my opinion that by a thorough room disinfection on the above suggested principles, in conjunction with methods now in use, puerperal sepsis will soon be a matter simply of historical interest.

Abstracts and Selections.

Dyspepsia—its Treatment.

BY WALTER U. KENNEDY, M. D.

Before discussing the treatment of dyspepsia, it is proper to allude to its pathology and symptoms within the limits of its usual etiology. It is sometimes associated with serious organic diseases, when relief can only be reached by addressing our treatment to those organic diseases of which it is a logical sequence.

In discussing the treatment here, it is our purpose to regard dyspepsia simply as a derangement in the natural process of digesting and assimilating food, and more especially a faulty performance of the functions of the stomach. Although it is a medical topic which, from time immemorial, has engaged the attention of layman and doctor, the suffering which it has entailed, and its universal prevalence in civilized life, entitle it to the careful study of every member of the medical guild. The most prominent symptoms of dyspepsia are, want of appetite, nausea, vomiting, flatulence, gastrodynia and pyrosis. Associated with it we often find constipation and diarrhea. The former is usually induced or

aggravated by an atonic or torpid condition of the intestinal musculature, the latter by an irritable state of the intestinal mucosa. Of course, improper diet and faulty hygiene are potent additional factors in the development of these incurrent complications. Intemperate indulgence in eating or drinking, especially at short and irregular intervals, with the consequent alterations in the gastric solvents, are frequent provocations of disordered digestion. The gastric juice may be in excess, deficient or completely suppressed, or it may be abnormal in quality.

These changes in quality may represent an excess or deficiency in hydrochloric acid or pepsin, with resultant decomposition and fermentation of food and flatulent distension, accompanied by an endless chain of morbid phenomena. To meet such conditions there are three procedures which demand paramount attention—diet, hygiene and artificial digestants.

With regard to diet, we can say it must be adapted in quality and quantity to the disordered conditions of the stomach. In some cases it is necessary to be particular as to elements of food which are selected. If there is a tendency to acid fermentation, starchy substances must not be given. Under the head of hygienic management, many things must be considered, among which is a due amount of exercise at the proper time, not immediately before or after a meal, avoidance of mental work and worry, temperance in all things, promotion of the action of the skin by means of the bath and warm clothing, and a careful composure of all the mental faculties.

With regard to artificial digestants, numerous medicinal agents have been employed with more or less success. In the use of these agents a discriminating judgment is necessary. Some of them will answer the purpose very well in acid conditions and some are only active in alkaline or neutral conditions of the stomach; but can we not find a digestant that is active in all of these conditions, and at the same time possessed of powerful antiseptic and tonic properties?

I believe that Caripeptic Liquid (Upjohn) will more generally meet all of these requirements than any other medicinal agent. It contains all the proteolytic ferments of the Cariaca Papaya tree, and as a digestant is much more active than pepsin, dissolving fibrin readily in acid, neutral or alkaline liquids. It is not only an efficient remedy in all forms of functional dyspepsia, but is palatable and pleasant, and this is a strong recommendation for any drug which is extensively employed in the treatment of disease.

I have used it freely with a large number of dyspeptic patients, obtaining uniformly favorable results. The following cases, taken

from my case book, show some of the therapeutic results of its employment in my practice:

CASE 1.—February 25, 1903. Miss J. T., age 30, complained of anorexia, nausea, flatulence, gastrodynia, pyrosis, belching and distension of the stomach; suffers most when stomach is empty, bowels constipated, tongue coated, breath offensive. Prescribed Pil. Caripeptic Comp., two pills at bedtime and one in the morning. Milk diet. Two teaspoonfuls of Caripeptic Liquid after each supply of milk. Gentle exercise and warm bath. February 27th: Stomach improved; some appetite. Ordered small allowance of vegetables and fruit, with a little mutton. Continued Caripeptic Liquid. March 2nd: Patient very much improved; no disagreeable symptoms. Continued treatment for another week, when patient was discharged.

CASE 2.—February 28, 1903. H. J., male, age 35. Had long been in the habit of great excesses in diet and free use of spirits. Had lately suffered from an attack of la grippe. Complained of pain in epigastrium, nausea and vomiting. Had no appetite; tongue red and coated; burning sensation in stomach; eructation of a thin, watery fluid of a sourish taste; some diarrhea. Prescribed small doses of calomel with bicarbonate of soda, to be followed by subnitrate of bismuth. Milk and vegetable diet, with small allowance of tender beefsteak. No alcoholic stimulants. Dessertspoonful of Caripeptic Liquid, after each meal and at bedtime. March 2nd: Patient improved; stomach retains and digests moderate quantities of food without any discomfort. Treatment continued. March 6th: Patient improving rapidly. Increase and diversify diet. Continue Caripeptic Liquid. March 13th: Patient discharged, and resumed his ordinary occupation of teamster.

CASE 3.—March 4th. Isaac R., age 29. Occupation, traveling salesman. Pale, purple lips, pulse 80, quick, irregular; fullness in region of stomach, flatulency, epigastric pain, no appetite, costive, more uncomfortable when stomach is empty. Habits irregular, especially with regard to eating and sleeping. Ordered rest and light nourishing diet. Prescribed Pil. Caripeptic Comp., two at bed-time and one in the morning, followed with dessertspoonful of Caripeptic Liquid, after each meal and at bed-time. Continued this treatment for two weeks, when patient returned to his usual occupation entirely relieved.

CASE 4.—March 10th. W. H., male, age 40, printer. Came with complaint of flatulence, and distension of stomach after eating, eructations, languor, listlessness and occasionally vertigo. Diet—milk and peptonized beef tea. Prescribed dessertspoonful of Caripeptic Liquid after each meal and at bed-time. March 15th: Patiently rapidly improved, continued treatment. Gradually changed and increased food. A week later the patient resumed his daily work, entirely relieved of every symptom.

THE

TEXAS MEDICAL JOURNAL.

AUSTIN, TEXAS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITED AND PUBLISHED BY
F. E. DANIEL, M. D.

ASSOCIATE EDITORS:

WITTEN BOOTH RUSS, M. D., San Antonio, Texas.

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Published Monthly at Austin, Texas. Subscription price $1.00 a year in advance.

Eastern Representative: John Guy Monihan, St. Paul Building, 220 Broadway, New York City.

Official organ of the the West Texas Medical Association, the Houston District Medical Association, the Austin District Medical Society, the Brazos Valley Medical Association, the Galveston County Medical Society, and several others.

THE AMERICAN CONGRESS ON TUBERCULOSIS.

THE GREAT WHITE PLAGUE.

Few persons other than sanitarians and statisticians have any adequate idea of the ravages of consumption. According to the United States census reports there died from consumption in the United States, in 1900, 111,000 persons, so far as reported. The registration districts in the States where records are kept and reports made embrace only about one-third of the population; that is, the rural population, as a rule, is not represented in these reports. A calculation based on this fact and on the given ratio would give us a total for 1900 of 145,000 deaths; and for the census year 1890, 154,000, or an average yearly of about 150,000. Thus in the decade between the census years there were in the United States one and a half million deaths from consumption.*

*Says Professor W. S. Carter (Trans. Texas State Medical Association 1902, p. 366-7): "It might be contended that this estimate is too high, as the registration area includes mostly the urban population, while the non registration area represents largely the rural districts. Against this argument it may be stated that the total number of deaths recorded, from all causes, for the non registration area was 526,425, although the population was nearly two-thirds that of the entire country (47,000.000), while the total number of deaths from

In the War of Secession there was a total loss of three-fourths of a million soldiers all told, both armies, from all causes. The war lasted, say, five years. It will be seen that at the present time as many persons are dying yearly from consumption as were lost yearly by both sides, from all causes, during that terrible conflict.

If the bubonic plague were raging in America, and four hundred people were dying daily, every day, all the time, year in and year out; or there was a war in progress on our soil with such a death loss, what would be the state of public sentiment? There would be a panic and a stampede. Every resource of science and skill, every influence and power and agency on the part of government—State, national and local—would be invoked and put into exercise to stop the fearful havoc. And yet, that is just what consumption is doing. It is killing four hundred and eleven people every day, every year—all the time, and no one seems to know it or to heed it except the sanitarian and the statistician, and they are powerless to prevent it.

Consumption is a disease easily preventable. It is in no sense contagious, nor is it hereditary, as it was once thought to be. It is, however, highly infectious, and therefore communicable from the sick to the well, the infection being the poisonous matter coughed up by the patient. To prevent the spread of the disease and the reinfection (auto-infection) of a person getting better or well, it is necessary to destroy this poison. It can be readily seen that if this be not done it gets into the dust of rooms or cars, and lodges in carpets, blankets, curtains, and all upholstered furnishings where it can not be reached by any cleaning up process, however thorough, nor by any disinfectants other than in the form of gas; this alone can reach the deadly germs (tubercle bacilli), and destroy them in situ. In fact, in the interest of health, all carpets, rugs, and upholstered furnishings should be abolished. The bacilli of consumption, the cause of the disease, are very tenacious of life, and can only be destroyed by chemical means or fire. Sunlight, even the direct rays, will not kill them, nor will "fresh air," nor hot air, nor deodorizers, such as sheets wet with so-called disinfectants.

The question of limiting or arresting the spread of communicable disease is not solely a medical one; it is a medico-legal one. The medical men can only expound the causes and methods of propagation, and advise. They can preach the gospel of cleanliness, and expound the laws of hygiene, and recommend measures of prevention and protection, but they can not enforce them. The strong

all causes in the registration area was 512,669. The latter only represents a little over one-third (28,000,000) of the total population. It is entirely safe to say that there were aproximately 150,000 deaths from tuberculosis in the United States every year from 1890 to 1900."

arm of the law must be invoked. Texas appreciates this fact, and it is a matter of pride and congratulation that she is first, and, so far, the only State in the Union to pass a law requiring disinfection (not simply "cleaning up") of public buildings and public conveyances in the interest of public health. This law went into effect July 1st, but is not yet in practical operation. Many of the railway surgeons of the State were here last week in conference with the State Health Officer as to the best methods and details, and it is understood that the State Health Officer is now preparing rules and regulations to be enforced in all public places for the protection of the public.

Meantime a concerted movement throughout the United States and Canada has been inaugurated by medical and legal scholars under the auspices of the Medico-Legal Society of New York, to stimulate a public sentiment and arouse the people, and, through them, the Legislatures and Congress to the necessity of protecting the public against this great and fatal danger not appreciated, indeed, scarcely suspected by the average citizen. The American Congress on Tuberculosis has been organized and will meet next spring in St. Louis during the great centennial. It will be held under the patronage of many of the most distinguished men, both medical and legal, in the United States, among whom are Secretary of State John Hay, Surgeon General Rixey of the navy, General Russell A. Alger, Surgeon General Nicholas Senn, the Earl of Minto (Governor General of Canada), all of whom, and many governors of States and statesmen are amongst the honorary presidents of the Congress. Its object is to put into operation every measure of prevention known to science, to secure the necessary legislation to this end, and to educate the people how they can avoid the disease; at least how the spread of the disease from the sick to the well may be measurably prevented by the observance and enforcement of sanitary precautions, both in families and in public. Thousands of lives will be saved annually by railway disinfection only.

The success with which sanitary science has dealt with yellow fever, eradicating it from its stronghold in Cuba, where, for two centuries, it has been endemic; with bubonic plague in Manila, and with cholera, that once dread scourge, warrants the hope and belief that in time it can greatly diminish the ravages of the great white plague, and by attacking the cause, as was done in the cases cited, it can finally be rendered practically harmless. It will require, however, a revolution in many details of public life and travel and in domestic life. Meantime much, a great deal, can be done towards limiting the spread of the disease and thus diminishing the fearful

death loss. The people must be educated in sanitation. Its principles must be taught in our schools, and enforced at the same time. The law applies, of course, to public schools, and will, of course, be enforced.

The movement to create the American Congress on Tuberculosis was inaugurated by Hon. Clark Bell, long time President of the Medico-Legal Society and the well-known editor of the *Medico-Legal Journal*; and the successful organization of the Congress—despite opposition and even treachery on the part of certain medical men whose co-operation he had invited—is largely, mainly, due to his intelligent zeal in the cause. The medical profession owe him much; the American people more. His work in this alone will be a monument to his name, and history will give him a place by the side of Pinel, Parr, Howard and other great humanitarians and philanthropists.

CONFERENCE ON RAILWAY CAR SANITATION; THE NEW TEXAS LAW.

Dr. Geo. R. Tabor, State Health Officer of Texas, asked the surgeons of the Texas railroads to meet him at Austin on the 4th inst. for the purpose of a general conference as to what is being done by the several roads in the way of sanitation, and the steps that should be taken to carry into effect the new law requiring disinfection of sleepers and day coaches. The law requires disinfection of railway coaches, under heavy penalty for failure, the manner and means and the time of such disinfection to be in accordance with rules and regulations to be prescribed by the State Health Officer. Before formulating said rules Dr. Tabor wished to get the views of the distinguished gentlemen who represent these important interests. Of course, when a car becomes infected with any of the acute contagious diseases, and is known to be infected, it is turned over to the quarantine officer at nearest point for fumigation and cleansing before it is again used. But the assumption is that upholstered cars, both day and sleeping, are infected all the time, with tubercle bacilli especially, and to cause the removal of this and other great dangers to the traveling public, as far as it is possible to remove it, is the end and object of the law, and of the conference. Texas is the Mecca to which thousands of persons afflicted with tuberculosis travel in hope of cure or betterment by the mild climate, and of course they infect the cars. The incoming of these unfortunates is greatest on the approach of winter, and the exodus occurs in the

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50% best NORWAY COD LIVER OIL minutely sub-divided, WITH WHEAT PHOSPHATES (Phillips')

Pancreatized, Palatable, Permanent, Miscible in Water, Milk, Wine, etc.

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$Mg\ H_2\ O_2$ (FLUID.) "THE PERFECT ANTACID."

for correcting Hyperacid conditions—local or systemic.
Vehicle for Salicylates, Iodides, Balsams, etc.

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TONIC AND RECONSTRUCTIVE.

WHEAT PHOSPHATES, WITH MURIATE OF QUININE AND STRYCHNINE.

PHILLIPS' WHEAT PHOSPHATES (ACID).
PHILLIPS' SYRUP OF WHEAT PHOSPHATES.
PHILLIPS' DIGESTIBLE COCOA.

THE CHAS. H. PHILLIPS CHEMICAL CO., NEW YORK

THIS magnificent fire-proof structure, which has been in process of erection during the past year, will be completed and dedicated about June 1, 1903. There will be accommodations in the main building for 350 guests, and accommodations in other buildings for 400 more patients. One hundred and seventy-five rooms have private baths. The new building is equipped with six hydraulic elevators, electric lights, a private telephone in each room, and all modern conveniences. For information concerning the facilities afforded, terms, etc., address,

THE SANITARIUM, Battle Creek, Mich.

spring. The travel of consumptives on the Texas railroads is very heavy at those times. The general public must be protected from the poison given off by them. It is a difficult problem and can not be at once and entirely solved; but much can be done to lessen the evil.

Dr. Tabor's call was responded to by the following surgeons, representing the principal roads doing business in Texas:

Dr. G. W. Cale, Springfield, Mo., Chief Surgeon Frisco Line; Dr. S. C. Red, Houston, Texas, Chief Surgeon Houston and Texas Central; Dr. R. W. Knox, Houston, Texas, Chief Surgeon Southern Pacific (Sunset lines); Dr. Bacon Saunders, Fort Worth, Texas, Chief Surgeon Fort Worth and Denver Lines; Dr. W. A. Duringer, Fort Worth, Texas, Chief Surgeon Rock Island Line; Dr. C. A. Smith, Tyler, Texas, Chief Surgeon Cotton Belt Line; Dr. W. G. Jameson, Palestine, Texas, Chief Surgeon International and Great Northern System; Dr. W. C. Jones, Walnut Springs, Texas, Chief Surgeon Texas Central; Dr. W. H. Monday, Terrell, Texas, Chief Surgeon Texas Midland; Dr. A. C. Scott, Temple, Texas, Chief Surgeon Gulf, Colorado and Santa Fe; Dr. R. F. Miller, Sherman, Texas, Oculist to Frisco Line, Katy and others.

There were also present Dr. Jno. Preston, Superintendent of the Epileptic Colony, Abilene; Mr. D. H. Martyn, of St. Louis, Division Superintendent of the Pullman Sleeping Car Co.; Mr. O. S. Newell, of San Antonio, Division Superintendent of the Pullman Sleeping Car Co.; Mr. Ennis, of the same interest, and a distinguished and representative traveler of the Commercial Travelers or T. P. A. Association, in the person of Mr. Marchbank. The editor of this journal was also present by the courtesy of an invitation from the State Health Officer.

Dr. Tabor called on each of the gentlemen present for a statement of what sanitary measures are employed on their respective roads and for suggestions for the better protection of the traveling public, and each one responded, briefly detailing the orders which are given to their trainmen and other employes. It consisted of general sanitary policing, and in some instances of efforts at disinfection, by the use of solutions of bichloride of mercury in spittoons, the use of sawdust dampened with it for sweeping, its use as spray in some cases, the blowing out of cars by compressed hot air, etc.

Mr. Martin said that sheets wet with formaline were hung in the coaches at the end of the run, etc., in addition to blowing out and the use of a disinfectant, the formula of which he read.

Mr. Marchbank said he had traveled on every road in Texas, often riding in the second class or general coaches, where travelers smoke and spit on the floor and put their feet on the seats or in a fellow passenger's lap, and some times do the hog act generally, and to his certain knowledge the rules and regulations as to spitting, etc., and keeping clean generally, were not enforced or obeyed. There is a crying need for authority on the part of somebody to enforce these rules.

When all the representatives of railroad and traveling interests had been heard, Dr. Tabor said he wanted to hear from Dr. Daniel,

The Shumate Dollar Razor.

Are you looking for a Razor that will hold its edge?
One that can be depended upon when you need it?
One that will make your shave a comfort?
One that has a character of its own?
One that can be exchanged at any time?
If so, the SHUMATE is the Razor for you to buy.
It is a perfect Razor at a sensible price.

THE SHUMATE HONING STROP.

This is what you have been wishing for. A Strop that will do away with the troublesome hone. A few strokes on the sharpen side make a new razor out of the dullest blade.

Either Razor or Strop postpaid for **ONE DOLLAR**

SHUMATE RAZOR CO., Austin, Texas.

BEFORE AND AFTER THE USE OF

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DILATORS & CATHETERS GIVE YOUR PATIENTS

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grs. v, t. i. d. In fact before, during and subsequent to any surgical treatment of the urinary tract CYSTOGEN is indicated. It will flush the urinary passages from the kidney to the meatus with a dilute solution of FORMALDEHYDE and render the urine aseptic.

The administration of five grains of Cystogen three or four times daily converts the urine into a solution of FORMALDEHYDE thus inhibiting the formation of pus, preventing ammoniacal decomposition and the development of bacteria. By the Bromine test Formaldehyde can be detected in the urine in from fifteen to twenty minutes after the administration of Cystogen. In thirty minutes the odor of Formaldehyde is present.

Cystogen can be procured from all wholesale druggists.

LITERATURE AND SAMPLES SENT BY THE

CYSTOGEN CHEMICAL CO. - - - Saint Louis.

No physician can afford to be indifferent regarding the accurate filling of his prescription.

the editor of the "Red-Back," one known to all present as deeply interested in sanitary science and the public health.

Dr. Daniel responded briefly. He said that all the reports showed more or less efficient sanitary policing, but that with the exception of the International and Great Northern Railroad none of the roads were disinfecting the cars in the sense contemplated by the law. Dr. Jameson, Chief Surgeon of that road, had said that the International and Great Northern were using, with satisfaction, a certain device of a formaldehyde generator. Dr. Daniel pointed out that the law requires disinfection, sterilization; and that this can not be accomplished by hot air, ventilation, sunshine, cleaning up, nor by the use of liquids as spray, nor by sheets wet with formaline. The danger lies in the dust of the car, in which the living organisms of consumption, coughed or spit up by consumptive travelers, and other diseases have found lodgment, and this dust permeates the carpets, curtains, cushions and all textile equipment in the car; they can not be reached by any other agency than a germicidal gas, which must be generated in such volume as to be forced into and through all such fabrics. It is the conclusion of all authorities, he said, that for this purpose formaldehyde gas alone is efficient. He pointed out the objections to sulphur, or chlorine, their bleaching and corroding properties. Besides these objections, they do not kill pathogenic bacteria. The choice of germicides is narrowed down to a gas, which alone can reach the bacilli anywhere and everywhere and kill them, and the choice of a gas is narrowed down to formaldehyde. There are numerous devices on the market for making formaldehyde—all more or less efficient—and it is only a matter of choice, he said, or selection of the device found by trial to generate the gas in greatest quantity and with the greatest rapidity, *cæteris paribus*.

So long as cars are upholstered with germ-harboring fabrics, so long would it be necessary to *fumigate* them; no amount of cleaning up or keeping clean will sterilize them. The day will come, he said, when the interest of the public health will demand that sleepers shall be as aseptic as a surgeon's operating room. It should contain nothing that can not be wiped off with a sponge wet with bi-chloride solution. Evolution is taking place in the sleeper as it did in the bedstead. We older ones remember when the bed and bedstead were an abomination in the sight of the Lord, with its curtains and things to harbor all sorts of germs. Now we have enameled iron or brass bedsteads as light as a cane chair, and the thinnest mattress and woven wire springs.

"If I were a railroad surgeon," said he, "I would advise the rapid elimination of all equipment in cars that can harbor disease germs. As new cars are constructed, let them be equipped with rattan or woven wire seats, discard woolen curtains and blankets, throw away all carpets and rugs. Use linen or glazed canvas curtains if you must have curtains. They can be boiled or washed with germicide solutions. In a few years this new car will have replaced the death-dealing, disease-harboring abominations now in use, and in which the unsuspecting public have to sleep. A man takes his life in his

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that pacifies the irritable stomach
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GRAY'S Glycerine TONIC Comp.

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Summer tonic and reconstructive
in malnutrition, nervous exhaustion
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Arsenic in its Organic State

Clin's Drops 5 Drops contain 1 cgr. of ***Pure Cacodylate of Soda***

Clin's Globules Each Globule contains 1 cgr. of ***Pure Cacodylate of Soda***

Clin's Tubes (Sterilized)
For Hypodermic Injections
Each Tube of 1 cubic centimetre contains 5 cgr. of ***Pure Cacodylate of Soda***

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Cacodylate of Protoxide of Iron

A combination of ***Iron*** and ***Cacodylic Acid*** in Therapeutical Proportions

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For Hypodermic Injections
Each Tube of 1 cubic centimetre contains 5 cgr. of ***Marsyle***

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Clin's Capsules Each Capsule contains 20 cgr. of ***Phosphotal***

Clin's Emulsion Each Teaspoonful contains 50 cgr. of ***Phosphotal***
Also administered as Enema

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Neutral Phosphite of Guaïacol

Clin's Capsules Each Capsule contains 15 cgr. of ***Guaïacophosphal***

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ADVANTAGES OF THE PHOSPHOTAL AND OF THE GUAÏACOPHOSPHAL:
Absence of Causticity—Perfect Toleration and Assimilation—Suppression of Coughing and Perspiration—Increase of Appetite—
Richness in Creosote, 90%; in Guaiacol, 92%; and in Phosphorus, 9 and 7%
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No physician can afford to be indifferent regarding the accurate filling of his prescription.

hand every time he lies down in one of the stuffy, ill-ventilated. over-heated, dust and disease-infected 'berths,' so-called."

In conclusion, Dr. Tabor thanked the gentlemen for their presence and assistance and said that he could not tell just when the rules would be issued, as his office force is extremely limited. He assured the surgeons that while the law would be enforced he would not assume autocratic power; that within the next few days some regulations will be issued, which, he said, would meet with general approval. He would adopt the suggestions for experiments to find a practical germicide and said they would be conducted. Thought disinfection should precede sweeping so as to not throw germs out on the public; objected to sweeping en route and said he would be particular as to watering the public. He also said the day has come for the elimination of plush, hangings, etc. Blowing out the dust does not destroy the germs; it only unloads them on the outside public. Dr. Tabor gave his views at length. His remarks met with much approval and were greeted with applause.

ANOTHER YELLOW FEVER SCARE is on. If the disease is only propagated by the *steg. fac.* as the authorities say, it is only a matter of mosquito bars, and no guilty mosquito should be allowed to escape from Tampico or Merida. But the mosquito theory advocates —Surgeon General Wyman et al.—are not willing to put their faith to the touch; they depend still on quarantine and disinfection. So does Texas. It is sorter like the parson who, when his horse ran away with his buggy, trusted to providence till the breeching broke; then he jumped out.

Society Notes.

Dr. F. E. Daniel, Austin, Texas.

DEAR DOCTOR: Dr. Sam R. Burroughs, councilor for the Eleventh District, organized the Leon County Medical Association at this place on the 22nd instant, with a charter membership of 19. The following officers were elected: Dr. S. R. Burroughs, Buffalo, President; Dr. W. T. Evans, Jewett, Vice-President; Dr. J. H. Joyce, Buffalo, Secretary-Treasurer. Dr. E. O. Boggs, Marquez, Dr. D. W. Montgomery, Centerville, Dr. H. H. Thompson, Leona, compose the board of censors, and Dr. Z. J. Spruiell, of Jewett, was elected delegate to the State Association. Old Leon will be in the front rank.

Yours fraternally,

E. O. BOGGS.

American Congress on Tuberculosis—Session of 1903-4.

Honorary Presidents.—Lay: Hon. John Hay, Gen. Russell A. Alger, Hon. ex-Judge A. H. Dailey, Hon. Judge C. G. Garrison, Hon. The Earl of Minto.

Medical: Prof. J. G. Adami, M. D., Dr. A. N. Bell, Prof. Charles H. Hughes, Gen. Presley M. Rixie, Gen. Nicholas Senn.

Council.—Moritz Ellinger, Esq., Chairman; J. Mount Bleyer, M. D., New York City; A. P. Grinnell, M. D., Vermont; H. Edwin Lewis, M. D., Vermont; Richard J. Nunn, M. D., Georgia; W. F. Drewey, M. D., Virginia; M. K. Kassabian, M. D., Pennsylvania; J. W. P. Smithwick, North Carolina.

Officers.—President, E. J. Barrick, M. D., Toronto, Ontario; First Vice-President, F. E. Daniel, M. D., Austin, Texas; Second Vice-President, L. Bradford Prince, Santa Fe, New Mexico; Third Vice-President, Dr. Charles K. Cole, Helena, Montana; Fourth Vice-President, Dr. Sofus B. Nelson, Pullman, Wash.; Fifth Vice-President, Dr. A. M. Linn, Des Moines, Iowa; Secretary, Samuel Bell Thomas, 290 Broadway, New York; Treasurer, Clark Bell, 39 Broadway, New York.

NEW YORK, July 13, 1903.

To Officers and Members of State Medical Associations or Other Medical Bodies or Associations Interested in the Prevention of Tuberculosis.

GENTLEMEN: The Governing Council of the American Congress on Tuberculosis have authorized and directed the undersigned to invite each member of your body to co-operate with this body in a congress to be held at St. Louis in 1904, and if you will contribute a paper to be read before the body or any of its sections, to send the title of the same to the undersigned.

We have also been instructed to ask your organization to appoint at least three delegates to represent your association at such congress, and advise us of the names and addresses of such delegates. An early reply will be appreciated.

Respectfully yours,
E. J. BARRICK, M. D., President,
Toronto, Ontario.

SAMUEL BELL THOMAS, Secretary,
290 Broadway, New York City.

The following has also been issued by the Congress:

NEW YORK, July 14, 1903.

DEAR COLLEAGUE: At a meeting of the Council of the American Congress on Tuberculosis, a resolution was adopted, unanimously fixing the annual dues of the Congress of 1903 at the nominal sum of $1.00, from June 4, 1902, to June 10, 1903.

The treasurer was ordered to send out bills for the annual dues to every enrolled member of the Congress of 1902. If you wish to remain a member of the Congress for 1903, please remit your dues, $1.00, and your name will be entered on the roll of members of the Congress of 1903. Those who prefer not to be so enrolled will advise the undersigned or the secretary.

You are reminded that by action of the council accepting the offer of the *Medico-Legal Journal,* it was provided, that:

1. The *Medico-Legal Journal*, Vol 21, commencing June number, 1903, will be sent to every member or delegate to the Congress of 1902, or to any member, at half price, $1.50, payable in advance.

2. That the *Medico-Legal Journal* will send, when it is completed, the Bulletin of the Congress of 1902 to every member or delegate not enrolled, nor a present subscriber, at half price, $1.50, if paid in advance, which will include membership in the Congress of 1903, by action of the Council of the American Congress of 1903.

Respectfully yours,
CLARK BELL, Treasurer,
American Congress on Tuberculosis, 39 Broadway, New York.

News and Miscellany.

WILL REPAIR YOUR ELECTRICAL MACHINES.—Static and all electrical medical apparatus put in running order. I am also agent for electrical and X-ray apparatus. Oliver Brush, 710 Colorado Street, Austin, Texas.

NEW ORLEANS POLYCLINIC.—Seventeenth annual session opens November 2, 1903, and closes May 28, 1904. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information, address New Orleans Polyclinic, postoffice box 797, New Orleans, La.

THE I. & G. N. ILLUSTRATOR AND NARRATOR—Diversified Farming Along the Line of the International and Great Northern Railroad—"The Texas Road." We have received a copy of this splendid work. It is beautifully illustrated with scenes, showing the various farming industries of the State and containing a wealth of information as to Texas industries, invaluable to those who think of seeking homes in this land flowing with milk and honey and coal oil and things. Mr. D. J. Price, G. P. and T. A. of the road, Palestine, Texas; likewise the editor and getter-up of this valuable publication, will send a copy to any address on receipt of a 2-cent stamp. Mention this notice.

STERILIZED SLEEPERS AND DAY COACHES.—Dr. W. G. Jameson, Chief Surgeon of the I. & G. N. R. R., stated at the recent meeting of railroad surgeons at the office of State Health Officer Tabor, that the I. & G. N. system is disinfecting all cars by means of the Germicide Gas Generator (formaldehyde machine). This is the only road in the United States where practical disinfection of all cars is carried out; the assumption being that all sleepers are infected at least with the germs of tuberculosis all the time.

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IS AN ESTABLISHED THERAPEUTIC AGENT

FORMULA:

The active principles of Chaparro Amargoso in Chemical Combination with Phenol, Camphor and Salicylic Acid.

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Is pronounced the most satisfactory therapeutic agent now at the command of the profession for local treatment of skin diseases. Speedy and permanent relief follows in much less time than under other methods of treatment. Applied in sufficient strength Chaparrin always allays itching.

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ECZEMA, PSORIASIS, SCABIES

AND OTHER

SKIN DISEASES.

Physicians are requested to have their druggists order half dozen Chaparrin for prescription use. Prices include postage:

1 2-oz Bottle, -	$1.00
1 4-oz. Bottle, -	1.75
6 2-oz. Bottles, -	4.75

F. E. DANIEL, M. D.,
Diseases of the Skin.

JAMES M. LOVING, M. D.,
Physician and Surgeon.

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AUSTIN, TEXAS.

Dr. Ralph Steiner

Diseases of the Nose, Throat and Chest

AUSTIN, TEXAS.

No physician can afford to be indifferent regarding the accurate filling of his prescription.

Gen. P. J. A. Cleary.—Dr. Cleary, Chief Surgeon, U. S. A., Department of Texas—on General Grant's staff—was promoted to the rank of general, on August 1st, and retired on account of the age limit August 7th instant. Dr. Cleary was an army surgeon in the war of secession. He is well known in Texas, and is very popular with the medical profession and all who know him. He is a delightful old fellow, a typical Irishman (and the Irish are the finest people in the world). Dr. Joseph B. Girard, U. S. A., Washington, D. C., succeeds Dr. Cleary as chief surgeon. Dr. Girard ranks as colonel. The West Texas Medical Society, at a meeting in San Antonio, August 5th, gave a "Doctors' Smoker," complimentary to the members from adjoining counties, and at a business meeting after the smoker elected General Cleary an honorary life member of the association. The garrison at Fort Sam Houston fired a salute of eleven guns in honor of General Cleary's promotion.

Pasteur Institute for Texas.—The last Legislature appropriated $5000 for a Pasteur Institute for Texas. It is to be an annex of the State Insane Asylum at Austin, and is to be in charge of Superintendent Worsham. The appropriation is to cover building and equipment. Indigent patients are to be admitted and treated free of charge; those able to pay will be charge a nominal fee. Heretofore, all persons bitten by rabid animals were sent to New York, St. Louis or Chicago for treatment, if able to bear the expense. The Board of Trustees of the State Insane Asylum let the contract for the building August 7th instant, and it is expected that the institution will be ready for patients by December 1st.

I am requested to state that Dr. M. K. Lott, in consequence of injuries received recently in a railroad wreck, and sickness resulting therefrom, will not receive any patients for treatment at his infirmary at Cameron for the present. Notice will be given when he resumes practice.

Prof. J. W. McLaughlin, M. D., of the Medical Department of the University of Texas, with his family, is summering in "Cool Colorado."

Our esteemed contemporary of the *Texas Medical News*, Dr. M. M. Smith, who is also Secretary of the State Board of Medical Examiners, is sojourning at Colorado Springs, Boulder, and Denver. Mrs. Smith and their fine boys, Matthew and Gerard, are with him. Lucky fellow! It is as much as the editor of the "Red-Back" can do to even *stay at home*, let alone going anywhere.

Let the good work go on, until every county in Texas organizes a medical society. Send me reports of organization for publication. Soon, to *not be* a member of one's local society will mean no insurance or other business; black sheep.

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Peptone Wine
A Delicious Nutritive Stimulant

Dialysed Pepsine
Free from all impurities.
Dispensed in spherical pearls.

Morrhuol
(*Extractum Olei Morrhuæ Alcoholicum*)
Alkaloids and all Curative Principles of Cod Liver Oil
Dispensed in Capsules.

Morrhuol Créosoté
Dispensed in Capsules, each containing 3 minims of Morrhuol and 1 minim of pure beechwood Creosote.

Apioline
The true, active principle of parsley.
In capsules of 20 centigrammes each.
For Suppressed, Irregular or Painful Menstruation.

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Semi-Crystalline Hæmoglobin from blood.
Does not constipate.

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of Cypridol do not salivate or produce dyspepsia and the emaciation which is inevitable with other mercurials. 1/32nd grain in each capsule.
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A 1% SOLUTION OF
MERCURIC IODIDE IN AN ASEPTIC OIL
IN
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INJECTIONS
of Cypridol are vastly superior to all soluble or insoluble mercurials used hypodermically.
They are non-irritating and free from all untoward after effects.
Dispensed only in graduated tubes.
6 tubes in a box.

CEREVISINE
succeeds admirably in the treatment of furuncles, urticaria, acne and boils which promptly subside and disappear under its influence.

PURE DESICCATED YEAST
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IN
SKIN DISEASES

CEREVISINE
Is indicated in cases of psoriasis, herpes and eczema; its effects being associated with corresponding improvement in the general health.

U. S. Agents, E. FOUGERA & CO., 26, 28, 30 N. William St., New York.

No physician can afford to be indifferent regarding the accurate filling of his prescription.

Dr. W. S. Carter, Professor of Physiology, Medical Department, University of Texas, Galveston, has been elected Dean of the Faculty, vice Dr. Allen J. Smith, resigned, and gone to the University of Pennsylvania.

In honor of the late Major Walter Reed, M. D., U. S. A.—A meeting was held at Bar Harbor, Maine, August 15, 1903, to confer with respect to a memorial in honor of the late Major Walter Reed, M. D., U. S. A., to whom the world is indebted for most important services in the investigation and the suppression of yellow fever. The call was signed by Daniel C. Gilman, Chairman of a Committee appointed by the American Association for the Advancement of Science; S. Weir Mitchell, Edward G. Janeway, William H. Welch, and Christian A. Herter.

Publisher's Department.

Louisville, Ky.

Gentlemen: I have used your Satyria in a case following a severe attack of la grippe. The patient was suffering from prostatis and irritation of the urethra. I was well pleased with the results, and will take pleasure in prescribing Satyria in all such cases.

Yours very truly,

D. D. Thompson, M. D.

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Daniel's Conc. Tr. Passiflora Incarnata is indispensable as a substitute for opium. It causes no deleterious after effects, such as constipation, and its hydratic and sedative qualities are fully equal to those of the opium group. It enables the patient to eat well, sleep well, and quiet down in every way. He begins to act and talk with more intelligence, his nerves are strengthened, and his will power is reinforced as his bodily powers return.

PATHOLOGICAL WORK.

Country physicians and others not prepared to make complete Urine Analyses, Blood Tests, and Microscopic Work of all kinds, can have same done accurately and economically by sending specimens to

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ESTABLISHED JULY, 1885.

PUBLISHED MONTHLY.—SUBSCRIPTION $1.00 A YEAR.

VOL. XIX. AUSTIN, SEPTEMBER, 1903. No. 3.

Original Contributions.

For Texas Medical Journal.

Malarial Haemoglobinuria.*

BY M. M. POOL, M. D., EL CAMPO, TEXAS.

My reason for presenting this paper for your consideration is because the chairman of this section invited me to do so, and not because I have something new or original to engage your attention, for I am well aware that so much has been written upon this subject within the last few years, that all I may say concerning it will only be common knowledge to the medical profession of today; hence, I beg your indulgence while I rehearse that which has been gleaned from able authorities, and my own practical experience.

As the symptoms given by all writers upon this malady are practically the same, and no difficulty attends its diagnosis, I shall not bore you with rehearsals upon these parts of the subject, as they would doubtless be "chestnuts" to those scarcely attaining to mediocrity in the profession (there being none such in this association), but will consider its etiology and kidney pathology only to the extent necessary to elucidate my plan of treatment, the latter being the battle ground from whence I expect a volley of grape-shot from members of this association who diametrically oppose my views.

In the course of an intermittent or a remittent malarial fever,

*Read before Victoria Meeting, South Texas Medical Association, June 10, 1903.

and often *without* the previous exhibition of quinine, a sudden disintegration of the red-blood corpuscles takes place, and the blood serum becomes saturated with free hæmoglobin, which rapidly stains the skin and sclera an intense yellow, and is excreted by the kidneys, coloring the urine, in proportion to amount, from a pale wine color to black.

Malarial hæmaglobinuria is one of the pernicious forms of malarial fever, usually following chronic malarial poisoning, due to the æstivo-autumnal parasite, and I can call to mind nothing, in the domain of practical medicine, productive of greater harm to people living in highly malarious localities, and patients suffering from malaria, than the theory of Koch and his followers, that hæmoglobinuria is due to the use of quinine.

The cycle of development of the malarial parasite takes place in the red-blood corpuscles, where they generate toxins, which cause destruction of the corpuscles, and under ordinary conditions the hæmoglobin is converted into bile pigment, and bilious, remittent fever results. But in the pernicious forms the hæmoglobin is set free in such enormous quantities that the liver can not dispose of it, and hæmoglobinuria results.

That malarial poison is a cause of nephritis, no one denies, and that a large number of the uriniferous tubules are almost totally denuded of their pavement epithelium and filled to a great extent with coagulated blood and debris by reason of the congested and inflamed condition of the kidneys, has been verified by post-mortem findings; and chemical analysis has shown that eleven-twelfths (11/12ths) of the urea which should pass out of the system through the kidneys is retained in the circulation and should relief not be speedily obtained the patient will most surely die of uremic poisoning, and Dr. Bush, of Leesburgh, Florida, reports a case in which suppression occurred after the urine had cleared up, which resulted in death.

Dr. Thayer, of Baltimore, and Dr. Forchheimer, of Cincinnati, have reported nephritis in 50 per cent of malarial cases, which were due to malaria.

Dr. Osler on one occasion said: "It was interesting to note that in the hospital there had been no single case of malarial hæmaturia which could be attributed to the use of quinine, and many physicians in the South hesitated to use quinine on account of this complication."

In opposition to the various authorities who oppose quinine are the modern text-books, and especially the recent writings of Drs. Hare and Tyson.

Then, in view of these facts from such eminent authorities, and the multiplied hundreds of reported cases in which quinine was used in continuous large doses with the happiest results, how can this dread malady be attributed to the *slightly* irritant action of quinine upon the kidneys? Dr. Moffat says "that the whole theory of the influence of quinine in causing hæmaglobinuria rests on the fact that in the majority of cases there is a history of quinine having been taken; but this fact proves nothing, when it is remembered that in tropical countries practically everybody takes quinine."

Quinine should not be condemned merely because it is an irritant to the genito-urinary tract and produces some peculiar metabolism in the circulation, but should be administered judiciously, for the fact of that morbid condition's presence is certain evidence that quinine had been neglected when first needed, and if every person requiring quinine were to take it at the first warning, and take it intelligently, there would never be another case of malarial hæmoglobinuria.

After stating the plan of treatment I almost invariably adopt in this malady, I will briefly consider the reasons I have for pursuing such a course.

When called to a case of malarial hæmoglobinuria, I proceed in the following order, being governed somewhat by existing conditions: If I find the patient with sick stomach or very nervous, which is usually the case, I administer an hypodermic of morphine and atropine, and repeat the dose as often as is necessary to control the vomiting, and without delay give three or four 5-grain doses of calomel and soda, and even more than this if required to get the liver active, the amount depending largely upon the quantity of morphine given. Give nitro-glycerine 1-100 of a grain every three hours and the following prescription:

℞ Tr. opii-camph, 4 drams.
Spts. of turpentine.
Copaiba, each 7 drams.
Spts. ether nitrosi, q. s., 4 oz.

Mix and direct. Teaspoonful every four hours.

Give fifteen grains of hydrochlorate of quinine hypodermically, and repeat the dose every six hours. Fifteen grains of quinine will dissolve readily in thirty minims of water. Instead of repeating the hypodermic dose, Warburg's pills (two grains each) every four hours, or 5-grain doses of quinine every four hours may be given by the mouth; the best results are obtained by administering it in solution, as in this form only will its prompt absorption

be absolutely assured. Also, after using the first dose hypodermically, 3 or 5-grain doses of quinine, preferably the sulphate, given every two hours; the time so arranged that the last dose will be given about 2 hours before the expected paroxysm, will prove effectual.

As stated above, the morphine and atropine are to quiet the patient and check the vomiting; the latter condition may require such adjuncts as 1/10th grain doses of calomel every half hour, and a mustard plaster to the epigastrium. The calomel and soda excite the emunctories to proper activity, particularly the liver.

The nitro-glycerine stimulates the heart, and dilates the blood vessels, especially the kidneys, which are prone to occlusion by the debris.

The paregoric serves as an adjunct to quinine, acts as a sedative, and promotes cutaneous transpiration.

Turpentine is diuretic and hæmostatic, and is such an ozone or oxygen carrier that it is highly useful when quinine is given.

Copaiba is slightly diuretic, and is thought by some writers to dilate the renal vessels.

Spirits of nitrous ether by relaxing the renal vessels, is diuretic, the water being increased; it is useful when a free watery flow of urine is required to wash out the tubules and passages, and relax spasm of the renal vessels.

Quinine being destructive to the malarial plasmodia, it is the remedy par excellence in this malady, but it exerts very little toxic influence upon the parasites as long as they remain within the corpuscles, and should be administered at such a time that its maximum effect will be obtained at the time of sporulation of the parasite, which occurs with the paroxysm; and as quinine has its maximum effect about five hours after taken, and its height of elimination about the eighth hour, either of the plans of administration I have adopted will meet the above exigences.

By administering the drugs above mentioned, some of the ill effects of quinine will be obviated, for instance, it lessens the ozonizing and oxidizing function of the blood, whereas turpentine has great affinity for ozone, and will readily supply this waste; and its depressant action upon the heart will be counteracted by nitroglycerine.

The quinine is given, therefore, not in the hope of averting the pending paroxysm, but for the purpose of destroying the free, young segments upon which the succeeding paroxysms depend, and in cases where quinine had been freely given before the paroxysm immediately preceding the appearance of the hæmoglobinuria, then

discontinued by its opponents, and the patients make uneventful recoveries, it is evident to my mind that the young segments were all destroyed by the quinine at the time of sporulation.

For Texas Medical Journal.

The Therapeutic Value of Animal Extracts.*

BY A. S. EPPERSON, M. D., CAMERON, TEXAS.

Under this heading are included not only the extracts of various tissues at present utilized in therapeutics, but likewise the tissues themselves, and all the preparations, active principles, etc., obtained from them. Of the animal tissues and their products employed therapeutically, the ductless glands whose functions are now known to be intimately associated with metabolism have by far taken the lead over all other portions of the animal organism utilized. And if they continue to increasingly engage attention, as they have of late, the time is not far distant when antitoxines will find in them a potent rival. In this attempt to interest this able body of medical men, I will not give a re-hash of my experience, though it has been limited. During the past three or four years I have not missed an opportunity to prescribe these remedies where I thought them indicated and have been well pleased with the results.

To my mind, some of these extracts form a most rational treatment for a number of the most common diseases of our every-day practice.

Extract of thyroid gland is my favorite of the animal extracts, because I found it valuable in many diseases, not only in myxœdema and cretinism, but in melancholia and the mental conditions connected with the menopause, some of the cutaneous diseases, backward growth and delayed dentition in children. Children with dirty complexions, morbid appetites, coarse, dry hair and dull of intellect are benefited by thyroid extract. Neurasthenia, in both children and adults, improves under this treatment in connection with nerve tonics.

In old people, with weak hearts, it is well to give thyroid extract with great care, keeping the patient under direct supervision. I usually begin with one grain of the powder (Parke, Davis & Co.'s

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*Read before the Brazos Valley Medical Association, at Cameron, Texas, May 12 and 13, 1903.

preparation), three times a day and gradually increase it to tolerance.

It doesn't seem to be a great heart-depressant, but produces the sensation of tightness and oppression in the chest and palpitation of the heart.

I have under treatment at present a case of myxœdema in a lady 51 years of age. She had been an invalid ten years. When she began taking thyroid eight months ago, her heart was very weak and at first she could take only one-half grain three time a day and has never been able to take more than three grains a day, but she improved rapidly and is at present doing her own cooking; and strange to say, she is cutting her wisdom teeth, which should have erupted twenty or more years ago. In this case the myxœdema came on after an attack of scarlet fever, which caused atrophy of the thyroid gland. She lost her hearing at the same time, which she has never recovered. I have used extract of thyroid gland in obesity, but am of the opinion that we have remedies superior to it in reducing body weight and adipose tissue.

My experience with suprarenal extract has also been quite pleasing. I have found it to be an exceedingly energetic vaso-constrictor and has proven valuable in hemorrhages of internal organs, the lungs and stomach especially, intestine, kidneys, uterus also, as well as in external mucous membrane and to prevent hemorrhage in operations of mucous membrane. I have never seen the administration of this extract accompanied with harmful or unpleasant effects. My experience with other of the animal extracts has been too limited to be interesting, though preparations of the various organs, as the lungs, spleen, ovaries and mammary glands, bone-marrow, brain and nerves, liver, pancreas and testicles have all been used with sufficient success to merit the confidence of the medical profession.

For Texas Medical Journal.

The American Medical Association Plan of Reorganization.*

BY JAMES HALL BELL, M. D., SAN ANTONIO, TEXAS.

I have been asked to open for discussion the question of the reorganization of the medical profession of the United States. As a

*Read before the first regular meeting of the Bexar County Medical Society, August 6, 1903.

preliminary note, may I, in a few words, characterize its disorganization? For more than a hundred years the profession of medicine has been conspicuously without influence in the enactment and control of legislation vitally touching its general welfare, and utterly unable or unwilling to put in operation the machinery necessary to a wise and economic administration of its own internal affairs. The general disorder and confusion everywhere visible in the profession, its internal feuds and hatreds and consequent formation of cliques in every community, the widespread prevalence of personal spites and scandals, which created suspicion between honest and capable men and drove them into professional solitude, have marred the really great achievements of medicine, crippled its followers in every material interest, and brought them into open disrepute before the world.

We have not been deliberately wicked in these respects, but criminally negligent; and I feel satisfied, in my own mind, that any one who will give the subject thoughtful and dispassionate consideration will inevitably be led to the illuminating conclusion that many, if not all, of our disorders are the results of disunion. Our profession, the greatest of all professions in its aspirations and accomplishments, has never been properly organized. To this single fact, I repeat, is justly attributable all our woes; and everyone knows, from personal observation and experience not always free from bitterness, that we have had woes in abundance.

For some years the question of the reorganization of the medical profession of the United States has been uppermost in the minds of many of the leading men of the American Medical Association. It is easier, however, to discover the existence of a defect than it is to find and apply the right remedy. It was at once apparent, for instance, that difficulties of a negative character had to be overcome; ignorance, prejudice and old fogyism faced and fought, and the old structure torn down before the new edifice could be reared in its place. It was realized, moreover, that the new building, in the face of hostile and persistent criticism, would have to be constructed on a large and lasting plan, a plan large enough to accommodate, within defined limits, every legalized practitioner of medicine in the United States, strong enough to induce all eligible men to accept it as a place of permanent residence, and so justly apportioned that every dweller therein should have his equal rights forever guaranteed. With these preliminaries generally understood, if not agreed upon, the work of actual reconstruction began.

Three years ago, at the Atlantic City meeting, the American Medical Association appointed a Committee on Reorganization. This committee drafted and presented at the Saratoga meeting, a year later, a new constitution and by-laws for the American Medical Association itself. They were adopted. The members of this committee were reappointed, this time a Committee on Organization, and authorized to frame a constitution and by-laws for State and county societies. Thirty States, approximately, our own included, have already formally adopted the constitution and by-laws proposed by this committee; they are now actively employed in

organizing their component county societies. Other States are falling in line as fast as practicable. The reorganization of the medical profession of the United States may, therefore, be regarded as an accomplished fact. The benefits to the profession, and to society at large, of the new organization are already apparent. In time they will be immense.

This new organization is nearly perfect in its provisions and operations. It brings the entire regular profession of the country into compact and harmonious relations and assures the permanency of these relations. It separates the business and scientific departments in organization work, and provides for national, State and county societies a system of just representation, as free from politics as human foresight and ingenuity could devise. In practice it makes no difference whether the question at issue affects a person or a principle, whether it is special to the individual or general to the profession, the national, State and county organizations stand together as a unit, ready, willing and able to redress what is wrong and to defend what is right. I am, therefore, not dreaming when I affirm that in a very few years our profession will have ample power (it already has more than the disposition) to compel legislation in the right direction. This means, among other things, that we will have laws, uniform in all the counties and States, governing the practice of medicine, medical education, quarantine, sanitation and hygiene; that a properly qualified man will be permitted to practice his profession anywhere in this country without reference to State lines—that is to say, inter-state reciprocity. It may ultimately mean international reciprocity, for I notice, in this week's issue of the *Journal,* that the Swedish Medical Association has recently been reorganized on the American plan. It means certainly the abolition of the quack. That ugly and mischievous excrescence is already shivering and shrinking in the malodorous gloom of approaching dissolution. Even the medical politician, the chronic applicant for office, the patient and adroit seeker after votes, is not quite easy in his mind. He, too, has trouble of his own to occupy him largely, if not exclusively. He must qualify for larger horizons than the gratification of exclusively selfish ambitions.

Thus far I have sketched as rapidly as I could the larger and outer aspects of the American Medical Association's plan of organization, and without anticipating what Dr. Russ and others may have to say relative to its minute mechanism, will note without comment a few cardinal points for further discussion:

1. The national, State and county organizations are intercurrent in their operations, and inseparably bound together. Each of these societies has its appointed work to do, but the work itself is complementary—a necessary part of the common possession, shared by all.

2. Unquestionably the most important part of this work is performed by county societies. They not only furnish all the members of national and State associations, but pass on the individual social and professional qualifications of each member.

3. No man not a member of the medical society of the county in which he lives is eligible for membership in either State or national organization.

4. The delegates of county societies unite to form the House of Delegates of the State Medical Association, and the House of Delegates of State associations elect delegates to form the House of Delegates of the American Medical Association.

5. The right of appeal to the House of Delegates of the national association is assured to each member, but the rules of procedure are under constitutional prescription. The case must reach this court of last appeal through the county and State societies, in the order named.

6. Each member has guaranteed him equal rights and privileges under the laws of each of the three organizations, and these laws are based on the Golden Rule. They are in no instance or manner prescriptive of what is right in professional conduct, but they oppose with strong and forbidding hands wrong principles and actions of every character.

In a word, and finally, the supreme desire of reorganization work is not to weaken professional character, but to strengthen and build it up; not to curtail professional liberty, but to give it large, uniform scope in a better atmosphere; not to isolate men as enemies, but to draw them together as friends, and thus subserve their own as well as the higher interests of science.

The union of the profession has been accomplished, and the necessary machinery put in operation to secure these conditions and to perpetuate them as the essential underlying principles of the professional character in this country.

For Texas Medical Journal.

A Case of Snakebite Treated with Adrenalin Chloride.

BY J. D. HOOKER, M. D., ALICE, TEXAS.

I was called to see Samuel Garcia, a Mexican boy, age 10 years, at 11 o'clock June 3rd. This boy had been struck by a rattlesnake about two hours before I saw him. Both fangs had entered anterior part of lower leg, three inches above ankle. The leg had been corded, but not sufficiently to materially restrict the circulation. Considerable swelling already existed in lower leg.

At this time his pulse was 86 per minute, soft and wavy; respiration 20; pupils slightly dilated. Patient seemed very nervous, excited and irritable. I scarified the wounds where the fangs had entered and used a cupping glass, which drew off considerable blood. I then injected 1 per cent solution pott. permang. into and around the wound.

Having just read in the TEXAS MEDICAL JOURNAL the article

written by Dr. Menger, of San Antonio, in which he suggested the probable benefits to be derived from the use of adrenalin chloride in rattlesnake bites, I decided to use it in this case.

At 11 o'clock a. m., when conditions were as above given, I injected hypodermically eight minims of Parke, Davis & Co.'s 1 to 1000 solution of adrenalin chloride and one-thirtieth gr. sulph. strych.

At 3 o'clock p. m. his pulse was 104, respiration 24 per minute; his pupils still more dilated than at 11 o'clock. The leg was very tender, and swollen to knee. Had urinated twice in the four hours. I now repeated the dose of adrenalin chloride of eight minims hypodermically, with one-thirtieth gr. sulph. strych.

At 6 o'clock p. m. pulse was 90, respiration 20 per minute. Had taken a little nourishment in form of coffee and milk.

At 9 o'clock p. m. pulse 70 per minute, full and strong; respiration 18, and pupils normal. Patient had again urinated. Gave a teaspoonful of cascara evacuant. I now enveloped entire foot and leg in ointment of glyceroplasma, cotton and bandage, directed plenty of water and milk to be given, and one-thirtieth gr. sulph. strych. at 12 o'clock m. I did not repeat the adrenalin chloride at this time, as patient's condition did not indicate any need for its repetition. The further progress of this case was towards rapid recovery.

I did not know what dose of the adrenalin chloride to give and so determined to begin with small doses, watching effects, and increase dose as case seemed to demand. I would not hesitate to give much larger doses than given in this case, if symptoms seemed to demand larger.

Although I consider normal saline solution the best remedy at our command in these cases, I did not use it in this case because it was not needed.

I have restored to life one case of a child, two years old, bitten by a rattlesnake, who seemed in a moribund condition, by subcutaneous injections of normal saline solution. It should always be used in cases where symptoms are grave, and even in desperate conditions will save your patient.

I think it acts in three ways: (1) By diluting the poison in the blood, reducing its toxic effects upon the nerve centers; (2) by increasing elimination of poison by the kidneys, and (3) by its direct stimulating effects upon the heart.

I would use it by the bowels, subcutaneously, and, in extreme cases, intravenously.

The mode of death in cases of snakebite is by general vaso-motor paralysis. This being the case, adrenalin chloride suggests itself, physiologically, as the remedy to meet this condition. Next to the normal saline solution I believe it will prove our best remedy in poisonous snakebites. I, at least, expect to continue its use until satisfied as to its exact value in cases of snakebites, and I am thankful to Dr. Menger for suggesting its use in these cases.

THE

TEXAS MEDICAL JOURNAL.

AUSTIN, TEXAS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITED AND PUBLISHED BY
F. E. DANIEL, M. D.

ASSOCIATE EDITORS:

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Published Monthly at Austin, Texas. Subscription price $1.00 a year in advance.

Eastern Representative: John Guy Monihan, St. Paul Building, 220 Broadway, New York City.

Official organ of the the West Texas Medical Association, the Houston District Medical Association, the Austin District Medical Society, the Brazos Valley Medical Association, the Galveston County Medical Society, and several others.

THE PHYSICIAN AND THE HOMEOPATH: THEIR RELATION IN PRACTICE.

THE PRINCIPLES OF ETHICS INVOLVED.

The time-honored "Code of Ethics" of the medical profession of America was revised at the New Orleans meeting of the American Medical Association, May, 1903; or rather it was abolished, and what is called "Principles of Medical Ethics" was adopted instead. This has been published by the *Journal of the American Medical Association,* and issued by the American Medical Association in pamphlet form for distribution to State and county medical societies for the information and guidance of members. The following extract from the preface or introduction to the Principles I reproduce from the pamphlet for the information of the readers of the "Red-Back," and as a sort of text, from which I proceed to preach a small preachment on "The Physician in His Relation to the Homeopath in Practice":

"The caption 'Principles of Medical Ethics' has been substituted for 'Code of Medical Ethics.' Inasmuch as the American Medical Association may be conceived to hold a relation to the constituent State associations analogous to that of the United States through

its constitution to the several States, the committee deemed it wiser to formulate the principles of medical ethics without definite reference to code or penalties. Large discretionary powers are thus left to the respective State and Territorial societies to form such codes and establish such rules for the professional conduct of their members as they may consider proper, provided, of course, that there shall be no infringement of the established ethical principles of this Association."

It will be seen that "large discretionary powers are left to State and Territorial societies," etc. (see last clause above); but no discretion is left to county or district societies; hence it devolves upon our State Medical Association to expound the law for the local societies, and at next meeting it must be attended to. A copy of the pamphlet may be had free of charge by applying to Dr. G. H. Simmons, Secretary American Medical Association and editor of its journal, Chicago, or to any of the Councilors of the Texas State Medical Association. It will be seen that the "Principles" says nothing about consultation with homeopaths, nor that "their sectarian title makes them quacks," as did the old code, but, instead, it says:

"CHAPTER II.

"THE DUTIES OF PHYSICIANS TO EACH OTHER AND TO THE PROFESSION AT LARGE.

"ARTICLE I.—DUTIES FOR THE SUPPORT OF PROFESSIONAL CHARACTER.

"Obligation to Maintain Honor of the Profession.

"SECTION 1. Everyone on entering the profession, and thereby becoming entitled to full professional fellowship, incurs an obligation to uphold its dignity and honor, to exalt its standing and to extend the bounds of its usefulness. It is inconsistent with the principles of medical science and it is incompatible with honorable standing in the profession for physicians to designate their practice as based on an exclusive dogma or a sectarian system of medicine."

It is thus left to the physician to decide in his own mind whether or not he can consult with one whose sectarian system of medicine is incompatible with honorable professional standing; but the question is: What constitutes a consultation? In the sense in which "consultation" is generally understood, it would be rank nonsense, utterly useless for two practicers (not "practitioners;" I hate that word—it is senseless. A "practitioner" is, or ought to be, one who

"practitions," whatever that may mean. A "practicer" is one who "practices"), who argue from opposite premises, to expect to meet on common ground. One or the other must abandon altogether his precepts and doctrines. There can be no "consultation." One or the other must yield, and adopt the principles of the other. But cases arise where a physician is asked to meet a homeopath in the sick room; and the question arises: What is the principle of ethics that shall govern the physician in a case like this: For instance, two homeopaths are up against a breech presentation, and confess their inability to deliver. The family send for two physicians. One gives chloroform and the other delivers, and the family elect to retain the homeopaths in charge. The physicians are dismissed. I do not think that the physicians, having answered the call, violated any principle of ethics in delivering the case; it was an "emergency," and would seem to be fully covered by the following clause from the "Principles":

"ARTICLE III.—THE DUTIES OF PHYSICIANS IN REGARD TO CONSULTATIONS.

"The Broadest Humanity in Emergencies Required.

"SECTION 1. The broadest dictates of humanity should be obeyed by physicians whenever and wherever their services are needed to meet the emergencies of disease or accident."

As usual, the physician is called on to make all the sacrifice, to take all the risk. Why should he "obey the broadest dictates of humanity," come in contact with those who, the Principles of Ethics of his profession say, are not in honorable professional standing by reason of their exclusive dogma, when the family do not obey the dictates of justice, fairness and honorable dealing; but who cling to the homo who has not served them, who confesses his inability to do what he undertook to do, what he was expected to do, what he was sent for to do, and dismiss the two physicians who have made so much sacrifice, at "the dictates of humanity," and saved two precious lives? It is an outrage; and yet public opinion and the "Principles of Ethics" of the profession demand that the physician shall be again and again subjected to it.

When the law does not cover any particular case the case should, and generally does, become "a law unto itself." The principle of ethics that should apply here is: The physician when sent for should demand that the homos, confessing their inability to handle the case, should be sent away before he consents to touch it, and, having delivered the child, he should, in common justice, as well as

for the safety of mother and child and the protection of his own reputation, be retained in charge till attendance is no longer needed. He should receive the full fee, and the failures nothing. I don't hesitate to say that that is the "principle" that always governed me when in practice, and would govern me now, were I in practice. It is asking too much of a physician to expect him to submit to such use and abuse.

I do not say, however, that the physicians did not violate the principles of ethics in going to the case under the circumstances. A case in point recently occurred in Austin. It was the subject of discussion at the late meeting of the Travis County Medical Society, referred to elsewhere in this issue. Meantime there is a by-law on the books of the Texas State Medical Association reciting, in effect, and without equivocation, that "if any member shall consult with a homeopath he shall be expelled." It is "up to" them to define "consultation," and to rule whether or not a member shall be subjected to such shameful treatment as in the above case because "humanity" demands it. I say no! A physician has rights, and he should defend them. If a homeopath can not handle a breech presentation he should get out, or be sent out, and a physician should be employed who can do so, and when he does he should be retained and paid. Unless the homo is dismissed, he should politely, but firmly, decline to be made use of in any such unreasonable and unjust manner. In brief, *my* construction of the principles of ethics is: A physician can have no relations whatever with a homeopath *as a physician,* under any circumstances, as long as he calls himself a homeopath, advertises himself as such, and gets practice by virtue of such representations. Should reputable homeopaths drop the absurd title, and call themselves "physicians" only, no one would care what "methods" they practice, nor would any questions be asked. Many of them would be eligible to membership in the State Medical Association, and would be admitted if they desired it.

YELLOW FEVER.

Yellow fever is knocking at the door of Texas. Dr. Tabor says that there is an epidemic of "fever" at Neuvo Laredo, just across the river from Laredo, which the native physicians there call "dengue," but he is suspicious and has taken the same precautions as if it were a pronounced type of yellow fever, which, no doubt, it

is. Dr. Tabor is positive of one or more cases of yellow fever at Nuevo Laredo. He has issued the following instructions to county health officers:

"To County and City Physicians:

"On account of yellow fever existing at several places in Mexico in cities near Texas, and wishing to prevent its introduction into this State, I desire to request that you take up at once with the proper authorities the matter of sanitation in your communities. I especially urge that means be adopted for the destruction of mosquitoes, as these insects are now known to be distributors of yellow fever. The expense for the total extermination of mosquitoes would be very small, and the means are very simple.

"The free use of kerosene oil in tanks, cisterns and pools of stagnant water or in sewers will effect the destruction of these insects. The oil should be used twice a week. An ounce of refined oil put into a cistern will destroy all wiggletails and mosquitoes and will not affect the water. Crude oil could be used in other places.

"In addition to these methods for the destruction of mosquitoes other measures should be adopted for the purpose of putting your cities and towns in thorough sanitary condition by a general cleaning up and burning of all trash and refuse matter and free use of disinfectants, such as lime, carbolic acid, bichloride of mercury and ashes. This should be done for the prevention of other diseases, as well as yellow fever.

"As yellow fever is near us, having made its appearance at the border, I respectfully request that this be given your prompt attention, and that you take the matter up with the proper authorities and secure also the co-operation of all your citizens.

"Prompt and vigorous action may prevent a disastrous epidemic. Please impress upon your officials the necessity of clothing you with proper authority and giving you financial assistance to put these measures into immediate effect. The delay of a day may prove disastrous.

"Earnestly soliciting the prompt co-operation of every health official in the State, I remain,

"Your obedient servant,

(Signed) "George R. Tabor,
"State Health Officer."

Correspondence.

El Paso, Texas, August 9, 1903.

Dr. F. E. Daniel, Editor Texas Medical Journal, Austin, Texas.

Dear Doctor: Owing to the press of other duties, I have only just now finished the perusal of the July "Red-Back." I merely want to say "amen" to two of the articles in that issue, which appeal to me especially, namely: the one on appendicitis, by Dr. Matthews, of Austin, and the one entitled "Experience vs. Theory," by Dr. Loggins, of Willis. There is much food for thought in each of them. I am glad to see that the treatment (palliative, of course, to prepare for operation later) of certain cases of acute appendicitis by the method exploited by A. J. Oschner is coming more and more into vogue. This method is applicable to practically all the cases of appendicitis which come to the surgeon too late for the early operation and too early for the late operation. A glance at the latest statistics of these two surgeons should be sufficient to convince the most skeptical that Dr. Oschner's claims are based upon something more substantial than wind. It is begging the question to claim that Dr. Deaver's series of cases represent very much graver conditions on the average than the series reported by Dr. Oschner and the series reported by Mayo, of Minnesota. One has only to read the report of Deaver's cases to become convinced that several of the fatal cases in the series could probably have been saved by means of less radical measures, such as would have been carried out by Oschner or any of his discerning disciples.

"Experience vs. Theory." I do not know the writer of that little article, but a thoughtful man must have written it. It is quite the fashion for the younger men in our profession to think that the older ones are away behind in the fight with disease. As a matter of fact, a large amount of experience is absolutely essential to the attainment of the best results in the practice of any branch of medicine. A good stock of "horse sense" and experience combined, with good preliminary training and knowledge, a fair acquaintance with the advances of the times, and, above all, a conscientious regard for the welfare of each patient treated, will go farther toward saving of life than all the theory on two continents.

How common is such obstetric "bosh," as that quoted by Dr. Loggins. It is enough to make the angels weep to observe the way in which some eminent specialists handle obstetric cases. They seem to think only of pathology or of some particular organ, forgetting the fact that there is a person around that organ or concerned in that pathology.

Yours very truly,

E. J. Mellish.

Society Notes.

Bexar County Medical Society.

The newly organized Bexar County Medical Society held its first regular meeting and smoker in San Antonio on Thursday night, August 6th. Vice-President W. M. Wolf presided, and sixty-five members were present. Brigadier-General Peter J. A. Cleary, who, since coming to San Antonio, has attended every regular meeting of the local society, and who has at all times been an enthusiastic member, was elected to honorary life membership. Dr. Ferdinand Herff was also honored in a similar manner. The nominations of both General Cleary and Dr. Herff were greeted with applause.

The following resolutions of respect to the memory or Dr. B. E. Hadra were adopted:

"WHEREAS, In the mysterious wisdom of Divine Providence Dr. B. E. Hadra has answered the last call; be it

"*Resolved* by the Bexar County Medical Society, That in the death of Dr. Hadra the medical profession of the world has lost one of its bright lights, one of its strongest and ablest supporters; that the suffering poor have lost a noble and true friend, who was ever ready to answer their call of distress; and that his associates have lost a companion whose brilliant genius, quick wit, and genial good fellowship won the admiration and love of all who knew him.

"*Resolved further,* That this society tenders its warm sympathy to the bereaved widow and children, and that a copy of these resolutions be sent to the family and to the press, and be spread upon the minutes of this society.

"J. S. LANKFORD,
"P. J. A. CLEARY,
"C. E. R. KING,
"F. PASCHAL,
"ADOLPH HERFF."

Dr. G. Graham Watts reported an unusual case of abscess of the liver, illustrating the great difficulty of diagnosis sometimes experienced in this surgical disease. Discussion by Drs. F. E. Young, Adolph Herff, Frank Paschal, B. F. Kingsley, R. A. Goeth, General Cleary and Major C. F. Mason, U. S. A.

Dr. James Hall Bell delivered a timely and interesting address on "The American Medical Association Reorganization Plan," in which he outlined the history of the movement and emphasized its salient features.

In further discussing the matter Dr. W. B. Russ emphasized the fact that its object is not alone to promote the advancement of scientific medicine, but also to serve both the profession and the public by putting a stop to the occurrence of the wretched and

senseless quarrels and misunderstandings between medical men, the tendency of which is to greatly impair the profession's usefulness to the public and to degrade and pauperize its members individually and collectively.

Secretary T. P. Lloyd and Treasurer T. E. Moore reported the finances of the society to be in first-class condition, and that almost every reputable physician in the county has applied for membership.

The officers of the society are: T. T. Jackson, President; W. M. Wolf, Vice-President; T. P. Lloyd, Secretary; T. E. Moore, Treasurer; J. S. Lankford, D. Berrey and W. E. Luter, Censors.

Travis County Medical Society.

The Travis County Medical Society held its regular meeting on September 8th. B. M. Worsham, President; M. M. Smith, Secretary. A number of new members were admitted. This takes into the fold about all the physicians of the county.

Dr. Smith, who has recently visited and gone through many consumptives' hospitals in Colorado and New Mexico, entertained the society with a paper descriptive of what he saw and the methods and management of those establishments. Tents are largely used, practically the out of doors treatment, and with good results. Very little drugging is done; that is about played out.

Dr. Ralph Steiner (ear, nose and throat) related several cases of removal of foreign bodies from the trachea.

Dr. Worsham, President, and Superintendent of the State Insane Asylum, was asked to tell about the treatment of consumptives amongst the insane people in his charge. He separates them, of course, as far as possible, from the other inmates, and altogether if confined to bed (although there is no separate hospital provision made for them, as there should be) and depends upon dietetic and hygienic measures principally, using drugs only in complications and as palliatives. He said that since the inauguration of this plan there had been a large decrease in the mortality.

Dr. Steiner said that some criticisms had been made about specialists going to cases in charge of homeopaths and giving antitoxin in cases of diphtheria, for instance; or about physicians going to labor cases where the attending homeopath can not effect delivery, and delivering the child for him, etc., and he wanted to know the sentiment of the society on the subject. A pretty lively discussion followed by Drs. J. S. Wooten, Smith, Hill, Bennett, Steiner, et al.: but, recognizing the fact that they were up against a tough proposition, further discussion and a decision were deferred to next regular meeting. This was advisable, furthermore, because pending the discussion some members were called out. The matter was referred to a special committee, Dr. T. J. Bennett, chairman, who will report at next meeting the principles that should

govern in such cases. The general sentiment seemed to be that the going to a case under circumstances as above stated is in no sense a *consultation,* which is *malum prohibitum.*

Austin District Medical Society.

The fifty-fifth quarterly meeting of the Austin District Medical Society will be held in Austin, Texas, Tuesday, September 29, 1903.

The following papers will be presented:

1. "A Case of Hepatic Abscess," by Dr. Sam Haigler, Austin.
2. "The Value of Modern Aids to Diagnosis of Diseases of the Stomach," by Dr. J. W. McLaughlin, Galveston.
3. "Use of Streptolytic Serum in Mixed Infection of Tuberculosis," by Dr. H. N. Graves, Georgetown.
4. "Some Remarks on Operation for Inguinal Hernia," by Dr. T. J. Bennett, Austin.
5. "Intra-Spinal Injection of Tetanic Serum in Tetanus," by Dr. A. Garwood, New Braunfels.
6. "The Influence of Higher Education on Womanhood and Motherhood," by Dr. J. W. Carhart.

Voluntary papers.

A general clinic will be held. It is expected that the clinic will prove to be a very important feature of the program, as a number of the members of the profession have promised to have patients present.

Be with us on the 29th.

F. E. Daniel, President.

W. A. Harper, Secretary.

News and Miscellany.

Dr. J. Shelton Horsley, late of El Paso, Texas, has been called to the Chair of Clinical Surgery in the Virginia Medical College, Richmond, Va.

The Lee County Medical Society was organized at Giddings, Texas, September 3rd, inst., with Dr. A. C. Connor, of Lexington, President; Dr. S. G. Northrop, of Giddings, as Secretary.

Dr. I. P. Sessions, of Rockdale, is in the service of the Public Health Department of Texas, and under orders from State Health Officer Tabor is on inspection service in Monterey, Mexico.

WANTED TO BUY.—A practice for cash, or will exchange property. Location must be in the black land section, and income not less than $2000 a year. Quick. Address Mac., care of the editor of the TEXAS MEDICAL JOURNAL.

FOR SALE; A BARGAIN.—A neatly articulated skeleton; cost $50, offered for $25 f. o. b. at Liberty Hill, Texas; also a set of DePuy's adjustable fiber splints, 45 pieces, cost $15, offered for $7.50. J. W. Thorpe, Liberty Hill, Texas.

A PROVOKING ERROR occurred in Dr. Allen J. Smith's article in the August number, "Experiments to Determine the Disinfecting Value of the Germicide Gas Generator." On page 45, tenth line, for "each cubic foot of air space" read "for each 1000 cubic feet of air space."

PRECEPTORS and students will do well to correspond with Dr. J. M. Bodine, Dean of the Medical Department, University of Louisville, before deciding upon a medical college. The Louisville Medical College is second to the oldest, and is one of the best in the South. Please see announcement in our advertising pages.

THE YELLOW FEVER is spreading in Mexico, and at this writing is said to have reached Nuevo Laredo, Mexico, just across the river from Laredo, Texas. A panic has struck that town, according to the press dispatches, and people are flying to the interior of the State for safety. A bomb-proof quarantine meantime is maintained on the Rio Grande by the Texas authorities and the Marine Hospital Service of the United States—all of which seems useless and absurd *IF* a mosquito is the *only* means of spreading the disease, as held by the Marine Hospital Service of the United States et al. You can't quarantine a mosquito. Meantime fumigation with sulphur and formaldehyde goes on of all baggage just the same as if it was still feared that *maybe* fomites *can* carry the disease after all. It is paradoxical. The mosquito doubtless communicates the disease, but nothing on earth will convince me that it may not be also spread by fomites (clothing, goods, etc.) packed in boxes or trunks. I've seen it too often. Dr. Tabor is right. He will not risk it. The people would not hold him guiltless if he did.

SOMETHING WORTH HAVING.—M. J. Breitenbach Co., the importers of Gude's Pepto-Mangan, have issued a beautiful colored lithograph map, showing, greatly magnified, most of the pathogenic bacteria. It is invaluable as a diagnostic aid in studying these germs under the microscope. It is a chart, to be hung in the

office or laboratory. A copy will be sent free for the asking if the "Red-Back" be mentioned. Of this work the (N. Y.) *Medical News* (July 18th) says, editorially: "No text-book and no one work on pathogenic bacteria contains such a number of excellent diagnostic illustrations, nor such beautiful examples of lithographic art, as these. Many physicians are too far from libraries and laboratories to be able to put into practice the training of their college days. They need just such a set of reference plates to be able to make microscopical examinations. The recognition of this need and the care that has been taken to fill it shows a spirit of enterprise in this firm that we wish might serve as an example to others. For, if, instead of advertising to the public, the manufacturers of drugs would make such valuable contributions to science as lies in their power, there might be more sympathy between them and physicians. The full set of sixty cuts has been prepared to send to any physician who writes for them, from the firm of M. J. Breitenbach Co., New York."

Specimen Letters to the "Red-Back."

MARFA, TEXAS, September 12, 1903.

Editor Texas Medical Journal.

DEAR DOCTOR: I take pleasure in renewing my subscription for the "Red-Back." It is a wide-awake journal and brings something interesting every month.

Yours, with best wishes,

FRANCIS D. COLTRIN.

GENTRY, TENN., September 11, 1903.

Editor Texas Medical Journal.

Enclosed find check for $2.00 for subscription for years 1903 and 1904 to February, 1905. I can not do without the "Red-Back."

Respectfully,

W. S. FARMER, M. D.

BECKVILLE, TEXAS, September 16, 1903.

Editor Texas Medical Journal.

DEAR DOCTOR: Enclosed please find money order for $1.00 as payment for yours, the journal of all journals. Just please continue to let it come, and make it as hot for quacks in the future as you have done in the past. I hope to be able to meet you at our next State meeting.

With best wishes, I am

Yours fraternally,

R. F. HARNESBERGER.

RARE CHANCE FOR DOCTOR.—Residence and $3000 practice; railroad town, county seat. Little opposition. Also drug store and stock of drugs. Address "West Texas," care TEXAS MEDICAL JOURNAL.

For Sale.—In small town, four room cottage, wind mill and outbuildings; office on separate lot; $3000 practice thrown in; collection 90 per cent. No opposition. Price $600. U. E. G. Dyer, M. D., Star, Texas.

The Southwestern Tri-State Medical Society (Texas, Oklahoma and Indian Territory) will hold its fourth annual meeting in Dallas, Texas, September 29th and 30th. Dr. J. C. Loggins, President; Dr. C. M. Rosser, Secretary.

For Sale.—Well established practice of from $1500 to $2000. Five-room dwelling house, barns and all necessary outbuildings, one and one-half acres of land, in small inland town. No competition. Price, $600; terms, $350 cash, $250 November 1, 1904. Will give possession November 1, 1903. Address, Dr. B., Overbrook, I. T.

The directors of the Memphis Medical College have established a lectureship, named in memory of the late William E. Rogers, M. D., founder of that institution. The lectureship was established upon the suggestion of the faculty. Once during each session a lecture will be given by a specialist in some branch of medical science, at the invitation of the faculty. The first lecture will be given about the middle of November by Dr. Charles H. Hughes, of St. Louis.

Death of the Venerable Medical Director of all the Confederate States Hospitals.—Dr. Samuel Hollingsworth Stout, known all over the world as the head of the Confederate States Hospital Department during the War of Secession, died at his home in Clarendon, Texas, September 18th, inst., at the age of 82 years. Dr. Stout removed to Clarendon from Dallas only a few months ago. This sad news comes after this issue was on press, and I have room only for this brief comment. In next issue there will be a complete biographical sketch of the illustrious physician and educator, with a portrait from his latest photograph.

The State Board of Medical Examiners will meet at Waco, October 13th (prox.), and sit four days.

Books and Magazines.

Diseases of the Ear.—A Text-Book for Practitioners and Students of Medicine. By Edward Bradford Dench, Ph., M. D., Professor of Diseases of the Ear in the University and Bellevue

Hospital Medical College; Aural Surgeon, New York Eye and Ear Infirmary, Etc. With fifteen plates and one hundred and fifty-eight illustrations in the text; third edition, revised and enlarged. D. Appleton & Co., New York and London. Price, $5.00.

The general plan of the two former editions of this work is too well known to necessitate any discussion in reviewing the third edition, in which it is still adhered to.

The existence of this publication of the work is more than justified by the large sales of the former editions, which make it necessary to keep a work of its value up to date.

Much of the new matter added to this volume is upon the practical operative treatment of chronic suppurative otitis media and its intra-cranial complications—a subject of the utmost importance to the general practitioner as well as to the specialist. Especially full are the operations for the relief of sinus, thrombosis and abscess of the brain, embodying many valuable hints from the extensive experience of the author. Quite a number of new plates have been added. Two of these, colored plates, showing the anatomy of the internal jugular vein and the technique of exploratory craniotomy, were prepared from actual dissection by the author, and are especially worthy of mention.

We can heartily recommend the work to all practicing physicians.

A Practical Treatise on Materia Medica and Therapeutics.—By Robert Bartholow, M. A., M. D., LL. D., Professor Materia Medica, General Therapeutics and Hygiene, in the Jefferson Medical College of Philadelphia, etc. Eleventh edition, revised and enlarged. Pp. 866. Price, cloth, $6.00. D. Appleton & Co., New York and London. 1903.

Bartholow's work has been a standard, and so recognized by every teaching institution in all countries, since the first edition in 1876. The arrangement of scientific matter is ideal.

The book presents a great storehouse of facts easily obtained. As a quick reference for treatment but few works equal Bartholow.

New articles have been added to this edition, and every phase of the subjects brought up to date.

Book on the Physician Himself, and Things that Concern His Reputation and Success.—By D. W. Cathell, M. D. The Twentieth Century edition, being the eleventh edition, revised and enlarged by the author and his son, William T. Cathell, A. M., M. D. Pages, 411, royal octavo, extra cloth, $2.50 net, delivered. Philadelphia: F. A. Davis, Publishers, 1914-16 Cherry Street.

A careful reading of this book will benefit the old, as well as the young, physician. It is the code of medical ethics amplified, and is based on the golden rule. The young physician should know early in his professional career how to view humanity broadly, how to

take a steady course for right and justice, and how to practice with his heart in one hand and his ledger in the other. This book teaches him how to do it. The older physician, though a failure, has still time to learn how to succeed in his latter days. This book teaches him how it is done.

It has been revised up to date, and will benefit all who read it.

T. J. B.

Care of the Expectant Mother.—A Treatise on the Care of the Mother During Pregnancy and Child-birth, and Care of the Child From Birth Until Puberty. By W. Lewis Howe, M. D. Sixty-three pages. Published by F. A. Davis Company, Philadelphia.

This short and practical little volume is intended to be given out by the physician to his pregnant patients for their guidance. It endeavors to educate them to the hygienic care of that condition, in so far as they can safely manage it, and to teach them when a physician should be called. The medical terms used throughout the book are, unfortunately, most too technical for the average house-wife and the author several times calls upon a diagnostic ability in her which she could hardly be expected to possess; but on the whole the little volume is well gotten up, and it would be decidedly to every doctor's advantage to have several of these little books for distribution.

J. M. L.

General Medicine.—Edited by Frank Billings, M. S., M. D. Head of the Medical Department, and Dean of the Faculty of Rush Medical College; and J. H. Salisbury, M. D., Professor of Medicine, Chicago Clinical School. Being Vol. VI of the Practical Medicine Series of Year Books of ten volumes, issued monthly. Price, per volume, $1.50; per series, $7.50. Published by the Year-Book Publishers, 40 Dearborn Street, Chicago.

This volume deals with the diseases of the alimentary tract and the summer diseases. Several new points are suggested for the diagnosis of typhoid fever and para-typhoid fever. In the former, blood cultures have been found to yield positive results in a large enough per cent of cases to make them a practical test. Photography has revealed the rose spots before they could be seen or felt. The relation of sunlight to malaria is discussed, as is also the serum treatment of cholera. Recent experiments on the healthy stomach have suggested several aids for the diagnosis of disease in that organ. Of these the stomach tube is highly recommended. The misuse of the tube, however, is warned against. New suggestions are given on diet in intestinal diseases. Not a few good ideas are brought out on the diagnosis and treatment of disease of the liver and pancreas.

The books of the series are thorough, up-to-date, seasonable, convenient in size, and low in price, and every progressive physician should own them.

J. M. L.

SURGICAL ASEPSIS.—Especially Adapted to Operations in the Home of the Patient. By Henry B. Palmer, M. D., Consulting Surgeon in the Central Maine General Hospital. 90 illustrations, 231 pages, large 12mo, extra cloth. Price, $1.25 net, delivered. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

One of the greatest drawbacks to the practice of surgery is the dread on the part of many patients to leave home and go to a hospital, especially if the operation be a serious one. The fear of dying away from home and friends is liable to work upon the mind of the patient so as to prevent his giving his consent to a needed operation. Moreover, should he consent to being taken to a hospital, convalescence may be hindered by a constant desire to go home, or worse still by a too early removal thence. Unquestionably, then, home operations are to be preferred, provided the necessary hygienic and aseptic conditions can be obtained.

In this ingenious little book the author endeavors to show that home surgery has a much wider application than it is generally conceded. With the assistance of trained nursing and proper instructions, the physician can convert some one room in the most of our homes into a veritable little operating room.

The book covers the ground well, is short, concise, and above all, practical, and should be in the hands of every physician who practices surgery or who frequently has the after care of surgical cases.

J. M. L.

GYNECOLOGY.—A Text-Book for Students and a Guide for Practitioners. By William R. Prior, M. D., Professor of Gynecology in the New York Polyclinic Medical School. 380 pages, profusely illustrated. Cloth, $3.50. Sold by subscription only. Published by D. Appleton & Company, 436 Fifth Avenue, New York.

The author has limited himself strictly to gynecology, both in subject matter and illustrations, and so has furnished a short and concise treatise for the use of the busy practitioner and student of medicine. The very rare diseases have been omitted or touched but lightly and in this way room has been reserved for a very full discussion of those commoner diseases of women that the general practitioner is apt to meet. A very convenient arrangement is adhered to throughout the book in that the diseases are described in one part and the operative measures are described in another. This arrangement not only affords systematic reading but also adds much to the value of the work as a ready reference book.

The author shows a decided preference for the vaginal route in operating upon the uterus and appendages, but gives ample space to all methods.

The book is on the whole a very systematic and practical one, and we take pleasure in recommending it to physicians and students of medicine as such.

J. M. L.

Regional Minor Surgery.—Describing the Treatment of Those Conditions Daily Encountered by the General Practitioner. By George Gray Van Schoick, M. D., Attending Physician to the French Hospital, New York. Pages, 218. Price, $1.50. Published by the International Journal of Surgery Co., Medical Publishers, 100 William Street, New York. 1902.

This little volume impresses the reviewer that it was written by a practitioner and not by a theorist. Minor surgery is the everyday surgery of the average medical man, and because it is of everyday occurrence, the average surgeon becomes careless in his methods, and should read up occasionally a thoroughly active work on the subject, such as the one under consideration. The author has the faculty of saying what ought to be said, in a small space, hence the small number of pages in the book. As a small hand-book, there is nothing on the subject any better. T. J. B.

Surgical Emergencies—The Surgery of the Head.—By Bayard Holmes, B. S., M. D., Professor of Surgery in the University of Illinois, etc., Chicago. Pages, 569. Price, cloth, $2.50. Published by D. Appleton & Company. 1903.

This work is written by good authority. It is well illustrated, having some 90 figures that are well executed and appropriate, and 14 plates that also do credit to the volume. No criticism of more than minor importance can be urged against the work. The arrangement of the subject matter is not marked by subjects. For instance, the anatomical description, history, etiology, pathology, prognosis and treatment are all run along in the same type, so that a glance can not show the hurried reader what he is looking for. Otherwise the volume is up to a standard commensurate with the high authority and the importance of the subject. T. J. B.

Transactions of the Medical Association of the State of Alabama, 1902.

The State Medical Association of Alabama is really the State Board of Health, and considerable business pertaining to health affairs is recorded in the transactions. The volume has over 480 pages, and contains a full quota of interesting papers and their discussions. T. J. B.

A Reference Hand-Book of the Medical Sciences.—Embracing the Entire Range of Scientific and Practical Medicine and Allied Science. By various writers. A new edition, completely revised and rewritten. Edited by Albert H. Buck, M. D., New York City. Volume V. Illustrated by chromo-lithographs and 576 half-tone and wood engravings. Pages, 873. New York: Wm. Wood & Co. 1903.

This volume is an especially valuable one. It contains a symposium of articles by the leading alienists of the country, constituting a really very complete treatise on the subject of insanity. The kidney diseases and liver diseases are similarly treated in

groups; also the affections of the larynx, and a large proportion of the diseases affecting the lungs. The articles relating to diseases of the eye are scattered throughout the entire series of eight volumes, and the present volume contains several important ones. A large number of the leading laryngologists of the United States and Canada have taken part in the preparation of the articles relating to the larynx. This group, taken in connection with the symposium of ear articles in volume four, and the similar collection of articles on the nasal cavities to appear in volume six, makes one of the most exhaustive treatises on the affections of the ear, nose and throat that has ever been published in the English language.

As regards the isolated articles, there are not a few which alone are good enough to make the reputation of the book. Among these may be mentioned: Dr. Theodore Janeway's article on the "Leukæmias;" Professor Ward's article on "Mosquitoes in Relation to Human Pathology;" Dr. Schauffler's very practical article on "Malarial Diseases;" Professor Osborn's article on "Parasitic and Poisonous Insects;" Professor Councilman's article on "Inflammation;" Dr. Robert Lovett's article on "Chronic Diseases of Joints;" Dr. Benjamin Tilton's article on "The Surgical Treatment of Diseases of the Liver;" Dr. Arthur I. Cabot's article on "Lithotapaxy and Lithotomy;" Dr. Oliver Ornsby's article on "Leprosy;" Dr. E. T. Brackett's article on "Lateral Curvature of the Spine;" Dr. George Dobbin's article on the "Management of Normal Labor;" Prof. Joseph W. Warren's article on the "Physiology of the Reflexes;" Dr. Arthur Shrady's article on "Tuberculous Diseases of the Lungs;" Dr. Dawbarn's article on the "Starvation of Malignant Growths;" Prof. Lafayette B. Mandell's article on the "Metabolic Processes;" Dr. Robert Lewis' article on "Mastoid Operations," etc.

The above represent only a portion of the treasures which this volume contains. Very many of equal importance might be enumerated if space permitted. It is doubtful if any book published in this country or in Great Britain ever contained so much information useful to medical men of all sorts—scientific inquirers, busy family practitioners, or men who devote themselves to some special department of medical practice—as does volume V.

It is clear that no practitioner can afford to be without the Reference Hand-Book, and it is not exaggeration to say that there is not a set of books published that is superior to it. T. J. B.

Abstracts and Selections.

Repertoire of Therapeutics.

Of all the agents advocated against tuberculosis, creosote is the only one which has been clinically and experimentally tested with success. What was taught to us by empirical medicine is strangely justified by the experiments of d'Arloing, who has demonstrated

by sero-reaction that an organism submitted to the creosote treatment was manufacturing a defective toxin, able to influence in vitro the vitality of the bacillus of Koch.

But while it remains evident that creosote is the essential active principle against the bacillus of tuberculosis, the form under which it should be administered has always been discussed until now. Used in a crude state, creosote provokes gastric troubles which are attributed to the free phenolic functions making it caustic.

M. Ballard (Thesis, Montpellier, 1894), has succeeded in preparing the Phosphite of Creosote which he has called Phosphotal by making the trichloride of phosphorus act on sodic creosote. Thus is obtained a thick liquid, reddish-yellow, possessing a feeble odor of creosote, which contains 90 per cent of creosote and about 9 per cent of phosphorus, in the form of phosphorus acid.

The phosphorus is then absorbed in an assimilable state and rapidly regenerates the nervous tissue, while it transforms in resorbable fat the products of exudation of the pulmonary alveolæ.

Phosphotal, or ether of creosote, is not caustic, the proof of this is that even in heavy doses it does not produce gastro-intestinal disturbances. M. Ballard gave five grammes of phosphotal daily during three years to one of his patients who never was inconvenienced by it; this innoxiousness of the phosphite of creosote has been confirmed by the experiments of Vedel.

It will only be necessary to determine how long it takes for the elimination of phosphotal, so as to ascertain its absorption. A patient (Thesis Fouzes Diacon) takes an enema of 300 grammes of milk containing 1 gramme 20 of phosphotal, and although he retained it only one hour and a quarter, we find the creosote in the urine one hour and a half after the administration of the enema. On the following day more than one-half of the creosote given was found in the urine.

No preparation of creosote possesses such conclusive advantages.

Phosphotal may be prescribed in two different ways; either in utilizing the Capsules Clin au Phosphotal at the dose of from 4 to 12 capsules a day, or in compounding an enema with a teaspoonful of the Emulsion Clin au Phosphotal dissolved in a half glass of tepid milk.

The Capsules Clin are gluten coated: this substance, which is affected only in alkaline surrounding, goes through the stomach and is only transformed in the intestines by contact with the pancreatic juice. It results from this that the medicine administered to tuberculous patients in this shape can not deteriorate their stomach, which constitutes their only defense.—*Presse Medicale.*

Cough in Pulmonary Phthisis.

BY J. LEFFINGWELL HATCH, B. SC., M. D., F. R. M S., LONDON.

As broods silence back of sound, so also stands designer back of design, and the logical mind of man has ever thus traced a pre-

Phillips' Emulsion

50% best NORWAY COD LIVER OIL minutely sub-divided, WITH WHEAT PHOSPHATES (Phillips')

Pancreatized, Palatable, Permanent, Miscible in Water, Milk, Wine, etc.

Phillips' Milk of Magnesia

$Mg\,H_2\,O_2$ (FLUID.) "THE PERFECT ANTACID."

for correcting Hyperacid conditions—local or systemic.
Vehicle for Salicylates, Iodides, Balsams, etc.

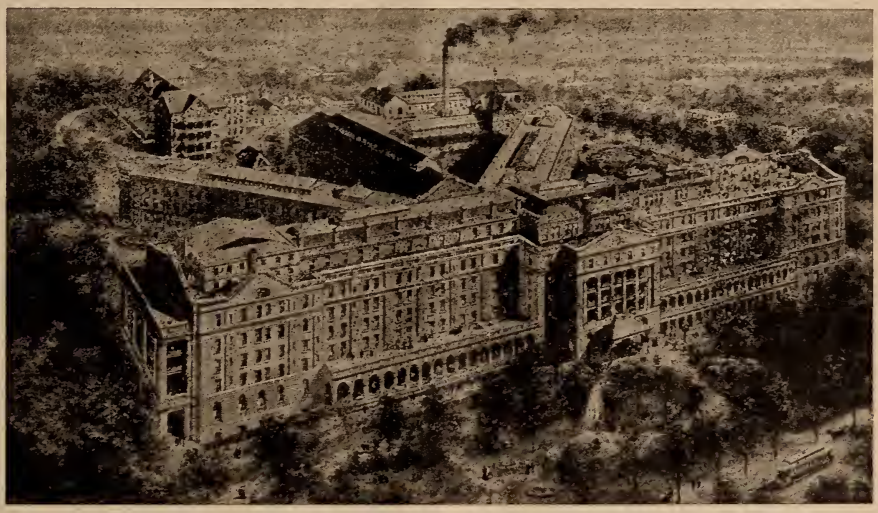
Phillips' Phospho-Muriate of Quinine, COMP.

TONIC AND RECONSTRUCTIVE.

WHEAT PHOSPHATES, WITH MURIATE OF QUININE AND STRYCHNINE.

PHILLIPS' WHEAT PHOSPHATES (ACID).
PHILLIPS' SYRUP OF WHEAT PHOSPHATES.
PHILLIPS' DIGESTIBLE COCOA.

THE CHAS. H. PHILLIPS CHEMICAL CO., NEW YORK



THIS magnificent fire-proof structure, which has been in process of erection during the past year, will be completed and dedicated about June 1, 1903. There will be accommodations in the main building for 350 guests, and accommodations in other buildings for 400 more patients. One hundred and seventy-five rooms have private baths. The new building is equipped with six hydraulic elevators, electric lights, a private telephone in each room, and all modern conveniences. For information concerning the facilities afforded, terms, etc., address,

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sumptive relation between the thing observed and its supposed origin, and called them respectively cause and effect.

Thus in medicine we look from symptoms to a cause, and if post-mortem we find a definite lesion we too often jump to the conclusion that it must be the very thing we are looking for, and are apt to forget that back of this change of structure lingers the first real cause in perverted physiologic function.

One of the best known and oldest symptoms, and one which occurs from diverse causes, is cough, and this, with another, almost as common and well known, dyspnea, go hand in hand among the various affections of the respiratory organs.

In pulmonary phthisis cough is usually the first symptom manifest and lasts throughout the disease, but the cause is not the same in each stage and consequently requires careful study and varying treatment in the different stages.

The earliest physiologic alteration is a hyperemia usually occurring at the apices. This congestion of the capillaries is the causal irritation that brings about the cough reflexly through the medium of the nervous system. Here a nerve depressant and vaso-motor dilator is indicated rather than an analgesic and expectorant.

In the next stage of consolidation the hepatized tissue acts as a foreign body and likewise reflexly brings about a useless cough in the vain effort to get rid of itself. In this stage resolution should be established by means of an alterative and the nerves quieted by a sedative.

In the third stage where the tissue has undergone cheesy degeneration and broken down, it really is a foreign body that causes the cough, which can only be relieved by its removal, hence we give stimulating expectorants in combination with sedatives and analgesics to relieve the nervous spasms and consequent pain.

The sum total of the forces of a consumptive is at the most a low figure, and we try to keep this up by a high diet that often deranges other organs, whereas regard to the conservation of force by lessening the cough will give the same result without detriment to other emunctories.

To allay cough, then, has been the aim of therapeutics from time immemorial, and of the different concoctions and mixtures that have been vaunted and foisted upon long-suffering humanity their name is legion.

Probably the greatest boon that ever came to us in the form of medicine is opium, and some form or other of this drug has been and always will be used to a great extent as an ingredient in every cough mixture.

Of the alkaloids of opium, morphia has probably been the most popular until recent years, when codein has claimed considerable attention and threatened to usurp its place; but since the discovery of heroin, by Prof. H. Dresser, of Elberfeld, Germany, in 1898, this has been made impossible, and the new analgesic after careful study both in Europe and America has found great favor among practitioners, especially in diseases of the respiratory organs.

In the fall of 1900 my attention was called to Glyco-Heroin

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An intra-muscular injection of this sterilized oily solution must be given every 2 days.

INDICATIONS { NEURASTHENIA, GENERAL DEBILITY, NERVOUS PROSTRATION, RACHITIS, Etc.

DAILY DOSES: ADULTS, 10 to 25 centigrammes; CHILDREN, 5 to 10.

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(Smith), and I tried a sample bottle on a patient with such gratifying results that I determined to make further observations.

What these results were, the clinical record below tells more graphically than worded phrases of description could hope to do.

It does not nauseate, and can be given in teaspoonful doses as often as every two hours to adults, dose of course being graduated in children according to the age, although they tolerate heroin where opium would produce untoward results.

The greatest advantage this preparation has over all others lies in the fact that it does not contain anything that deranges the stomach, and can be given indefinitely without the patient turning against it.

The majority of cough mixtures contain sugar, which is bound to undergo more or less fermentation; opium, which constipates and affects respiration, and belladonna, which checks the secretions, so that if they are able to lull the patient into oblivion of his condition for a few hours on account of the large amount of narcotic they contain, he awakes to find a stagnation of secretions with renewed paroxysms of coughing, and "pushing the mustard to fanaticism" for further relief he eventually becomes a slave to opium.

I have used Glyco-Heroin (Smith) now in fifty cases, with the unvarying result that it relieved the cough, reduced the temperature, increased the volume of respiration, and allayed the night sweats, while at the same time it did not derange the stomach or cause constipation, did not produce vertigo nor nausea, never weakened the respiration, nor caused deleterious effects upon the heart, so that I can frankly say that without doubt we have in this compound the ideal cough mixture for the cough of phthisis pulmonalis.

The cases that I here quote I have selected from a series of fifty-three, with the idea of not citing cases so near alike as to produce monotonous repetition, no matter how gratifying the results.

As has been well said of this preparation, it is not only a true pharmaceutical product but an ethical one as well, and one that the physician can use understandingly, as its composition and physiologic action are well known.

Unfortunately all good things are sooner or later imitated, and something put forward as just as good but cheaper, and Glyco-Heroin (Smith) is no exception to this rule, so if results are not satisfactory, substitution must be at the bottom of it.

The Test for Milk.

In the discussion of the best means of securing pure milk for Chicago, and the best way for families to test the supply, one wise fellow says: "Let the milk stand in a warm room. If it does not turn sour it contains preservatives and should not be used." That's all right. If it doesn't turn sour it is unfit for use, and, of course, it's unfit for use if it does turn sour.—*Chicago Clinic.*

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Fig. 1. Urine cloudy; fetid odor; full of bacteria, pus, blood and epithelial cells; ammoniacal.

Fig. 2. Urine clear and sweet, amber colored, acid reaction.

This result has been obtained in one week by giving CYSTOGEN grs. 5 four times daily.

Administered in five gr. doses three or four times daily, CYSTOGEN will make the urine a solution of formaldehyde, and thereby inhibit the formation of pus, prevent ammoniacal decomposition, and render it bland and unirritating to the mucus membranes.

Cystogen is prepared in powder and tablets of 5 grs. each.

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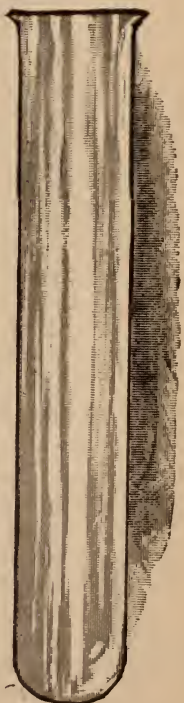

No. 2.

No physician can afford to be indifferent regarding the accurate filling of his prescription.

The Work Performed by the Diagnosis Laboratory of the Department of Health in Connection with Ehrlich's Diazo Reaction During 1902.

J. S. BILLINGS, JR.

The writer's conclusions are: (1) The examination of the urine in cases of suspected typhoid fever is of value, provided that its limitations are recognized. (2) While not so absolutely pathognomonic of typhoid fever, yet the diazo reaction is even more constantly present in that disease than the Widal reaction, so that its absence at a period when it should be present, if the case is one of typhoid fever, is of considerable value in making a negative diagnosis. (3) In a majority of instances the diazo reaction is present in the urine at least forty-eight hours earlier than the Widal reaction in the blood. (4) It disappears much earlier than the Widal reaction, however, and engative results obtained later than the second week are of little or no value. (5) "Doubtful reactions" have slight significance.—*New York Medical Journal*, April 18, 1903.

Publisher's Department.

HYDROIDATES.—The Hydroidates of the valuable vegetable alkaloids, Colchicine, Solanine and Decandrin afford the specific alterative action of iodine without such disagreeable results as the iodism produced by the ordinary iodides. It has been questioned whether our formula, Tri-Iodides, contains an appreciable quantity of iodine in an available form. Regarding this point, we will state that when the Tri-Iodides are given, the characteristic action of the iodine *upon*, and its presence *in* the secretions is evidenced by chemical tests and the peculiar metallic taste produced by the internal administration of Iodine. It is also shown in certain sensitive individuals by *slight* acne characteristic of the constitutional effect of iodine. This is in no instance as marked as when the potassium or sodium or iodine is administered, yet is sufficiently distinct to prove that it contains iodine, assimilable and active.—*Medical Essays*, Henry.

I AM USING almost exclusively alkaloids now, and to say I am pleased with the results does not fully express what I desire to write, but suffice to write that I sign myself a whole scholar when it comes to Abbott's Alkaloids. A great many physicians say they like the alkaloids, but they are too expensive. My drug expense is about half what it was before I began on your system. I speak of a truth I have taken notice of particularly to ascertin which is the most economical, and the figures come out in favor of your system.—S. P. Winston, Earl, I. T.

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Summer Complaint.

The mucous membrane of the gastro-enteric tract rids itself of the inciting material of summer complaint with the assistance of very little internal medication, though this act is not performed without making a demand upon the general storehouse of energy. Add to this the depression caused by toxæmic absorption and the marked exhaustion of an acute attack is readily explained.

Probably there is no better aid to further beneficial medication than Antiphlogistine applied warm and thick over the entire abdomen. The dressing to be immediately covered with absorbent cotton and a suitable compress. Peristaltic spasm is at once reduced, intestinal comfort promoted and refreshing slumber invited. Acting reflexly, Antiphlogistine restores the muscular tone of the intestinal walls and energizes the entire economy to resist the prostration from summer complaint so common in infant and adult during the humid months.

Treatment of Eczema of the Scalp.

Parker pleads for more patience and perseverance in the treatment of this troublesome affection. So many physicians prescribe time or pronounce the condition hopeless that parents often discredit the physician who promises recovery within a reasonable time. The first measure in successful treatment is a thorough washing and shaving of the head. Castile soap and much water of a temperature of not less than 100° F. should be used. The same water should not touch the head twice, and pledgets of absorbent cotton are to be used to remove the crusts. When cleansed the head should be dried with a clean, soft towel. During treatment the pillow-case should be consigned to the wash-tub each morning and a clean one put into its place. These are not over particular but imperative details, if favorable results are desired. Jugglery in prescriptions can not avail and rigid hygienic measures, extending to all the surroundings, must accompany medical treatment. The second step in the case of nursing infants is to treat the morbid constitutional condition, generally found in the mother. The alterative, iodia, is nearly always applicable and in severe cases should be administered to both mother and child. If the irritability attending the eruption requires special treatment, bromidia should be given. Some children will require an easily assimilated iron tonic. The bowels must be kept open with a mild aperient, given in the early morning. Locally, boroglyceride is the best ointment. Ecthol is also a remedy of much value, being a powerful corrector of depraved conditions in fluids and tissues. It is employed diluted, according to the severity of the case, and sprinkled upon a thin cap of surgeon's cotton. The cap should be renewed, and the old one burned, daily.—*Medical News.*

THE

TEXAS MEDICAL JOURNAL.

ESTABLISHED JULY, 1885.

PUBLISHED MONTHLY.—SUBSCRIPTION $1.00 A YEAR.

VOL. XIX. AUSTIN, OCTOBER, 1903. No. 4.

Original Contributions.

For Texas Medical Journal.

Adrenalin Chloride and Hydrochlorate of Cocaine in Dentistry.

BY R. MENGER, M. D., SAN ANTONIO, TEXAS.

In the latest "Review on Adrenalin Therapy," by Parke, Davis & Co., I notice, under heading "Anæsthesia," that the absorption of cocaine and the subsequent alarming systemic effects of that drug can be prevented by a preliminary application of solution adrenalin chloride to the parts to be anæsthetized—dependent upon the reduction in caliber of the blood vessels, whose capacity for absorption is thus reduced to a minimum—the local effects of the cocaine upon the peripheral nerve-ends not being interfered with. (P. L. Anderson, M. D., New York City). Also Dr. M. A. Goldstein, St. Louis, finds that solution of adrenalin chloride very materially reduces the toxic effect of cocaine and prevents the collapse frequently following its application to the nose. * * * It is his practice to apply a 5 per cent solution of cocaine to the field of operation and to follow within a few minutes with the 1:1000 solution of adrenalin chloride. The author is of the opinion that the rather enforced contraction of the capillaries, provoked by the adrenalin solution, prevents the too liberal absorption of the cocaine.

In my late article in the TEXAS MEDICAL JOURNAL, I suggested, relying on the well-known physiological action of adrenalin chloride, to use same in bites from venomous reptiles and insects—in

conjunction with other neutralizing remedies. Now, besides the above preliminary remarks on adrenalin chloride as a general hemostatic, etc., I have had occasion this date, August 3rd, to test the combined action of adrenalin and cocaine in a case of dentistry —extraction of twelve teeth at one sitting. The effect was so wonderful that I will give a closer account, in as much as I am not aware of any data that these two remedies combined ever have been used before in dentistry. At first I was inclined to have the dentist, Dr. Collier, of this city, use the adrenalin locally by merely rubbing a 1:1000 adrenalin solution along the gums and using the combined solution afterward, but I concluded to have both solutions used at once—a 5 per cent cocaine solution and one-half part of a 1:1000 adrenalin solution—the dentist injecting several drops with a dental syringe along the alveoli. The first attempt was made with an injection at the outer and inner side of the last lower molars, where also an old broken-off root had to be extracted. About two minutes after the injection, the dentist extracted the roots and a decayed molar—without the least pain—the only slight pain being experienced whilst the needle was introduced, but the subsequent extractions were all painless after the injection, and with but very little oozing of blood.

After these two were extracted, the solution was again injected along the other four teeth, and, it was interesting to note that when the fifth tooth was attempted to be extracted it could be done, although quite painful, but the sixth tooth was so painful that the injection had to be continued on this one and all the balance, which were then extracted perfectly painless and with but very slight hemorrhage.

The immediate effects and after-effects on above patient (a lady) were decidedly more effective and pleasant than under chloroform narcosis. The patient already had been subject to neurasthenia and its sequelæ, consequent to bad teeth, and from previous experience in having teeth extracted she is perfectly delighted over the new process. Headache, syncope, vomiting and the general *malaise* after chloroform narcosis, were absolutely absent during and after the operation, and she could have stood the extraction of a number more of teeth, or, as she said, "the entire upper row, if need be."

As stated, I believe there is no literature on the subject of using adrenalin and cocaine in dentistry, and this case may encourage others in cases in which chloroform can not well be administered. Proper precaution, of course, has to be used; the patient's

general condition, pulse and respiration constantly observed, and some stimulant — cognac, etc. — given before the injections and repeated when advisable. Adrenalin itself is a powerful vasomotor and heart stimulant, and, by restricting the capillary circulation near the site of operation the other remedy is less absorbed; without that it loses its anæsthetic properties on the nerve-ends.

My report in above case, it is to be hoped, will aid the dental and medical fraternity, especially in cases where other anæsthetics or stypticis are contra-indicated. As stated, my patient had absolutely no bad after-effects—besides the main point of painless and nearly bloodless extraction of a large number of teeth at one sitting for the purpose of getting an artificial tooth set. She had bad teeth for years, with all the sequelæ of serious nervous and gastric complications, which now already are relieved to a great extent.

I had both solutions previously prepared fresh by a local druggist, and the dentist, although familiar with adrenalin, at first hesitated to use it as prepared, but afterward was at once convinced. The use of cocaine alone is considered very hazardous in extracting more than one or three teeth, but, as seen in this case, there is no risk in extracting the entire row by using both remedies combined. The patient was exceedingly nervous before we went to the dental office, therefore gave her a sedative (pas. avena) and a little cognac, and after the first tooth and roots were extracted she was so surprised (relating former experience) that the dentist proceeded with extracting the balance without the least pain and nearly bloodless. She had absolutely no bad after-effects at any time.

For Texas Medical Journal.

Prostatectomy; Its Indications and Technique.*

BY G. FRANK LYDSTON, M. D., CHICAGO, ILL.

Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphilology in the Medical Department, Illinois State University; Surgeon to St. Mary's Hospital.

The radical treatment of prostatic disease has at last assumed a position as a rational procedure, in harmony with advanced ideas of surgical pathalogy and surgical technique.

Prostatic surgery will be still more firmly established when the same rules have been applied to it as to other regions of the body considered amenable to operative interference. Time was when the

*Read before the American Urological Association, New Orleans, May 8, 1903.

operation of ovariotomy was performed only in extreme cases. The frightful mortality attendant upon it is a matter of history. All that is now necessary to prove the necessity of operation is to demonstrate the existence, or even the probable existence, of an ovarian cyst. This applies with equal force to the various operations for uterine fibroids, appendicitis, etc., and I hope will ere long apply to prostatectomy.

The past operative statistics of prostatic surgery are almost worthless, so far as establishing the value and safety of operations is concerned. Cases have been selected, not because they were suitable for operation, but usually because all other means have failed and serious complications have arisen.

In order that prostatic surgery should be given a fair opportunity to display its value, the most favorable time for operation should be selected. This is obviously the period before the patient is extremely advanced in years, and, more important still, before serious septic and secondary changes in the bladder, ureters and kidneys have occurred. In order that prostatic surgery should be placed upon a firm basis, several conditions should be complied with.

1. There should be a selection of cases in which a broad dividing line is drawn between those in which serious complications exist, and those in which they are absent. An operation performed even in patients of advanced years, in whom sepsis and renal disease have not developed, is comparatively safe. Prostatectomy compares very favorably with many operations which are considered less formidable, always providing it is performed at an early period in the development of the prostatic overgrowth. An operation upon the prostate in the presence of normal urine is, at least in the case of the perineal method, less formidable than many operations for stone, and when cases are properly selected the statistics of the surgery of the prostate will be of some value and the various radical operations will be shown to compare very favorably, as regards mortality, with other fields of operative work. In the collection of statistics, a broad dividing line should be drawn between the cases in which catheter life has not been established and the bladder and kidneys are sound, and those operated on after a more or less prolonged period of catheterization has elapsed and secondary bladder and renal changes have occurred. The former class is that upon which the statistics of the future will be based.

2. Both the profession at large and the laity should be impressed with certain fundamental facts regarding the prostate, namely, (a) the inevitable progress of prostatic overgrowth, when once it has commenced, in by far the majority of cases. The cases in which symptoms do not develop, and the patient consequently remains perfectly comfortable throughout his entire life, do not necessarily establish non-progression of prostatic overgrowth, but simply prove that some patients are exceptionally fortunate in that the mechanical conditions produced by it do not obstruct the urinary way. (b) The results of catheter life, during which infection almost inevitably occurs. The longevity of patients after

the habitual use of the catheter has been once begun is, on the average, about five years, and those five years, in the majority of cases, hardly worth the living; in many instances by no means worth the living. The exceptions merely serve to prove the rule. (c) That an early operation, performed before the onset of bladder and renal complications, warrants a favorable prognosis, in by far the majority of cases.

3. The wisdom of an early diagnosis, to be followed by a radical operation, if the progress of the prostatic overgrowth is not speedily checked, is sufficiently obvious. The fatalism underlying the catheter habit, and the idea that all old men are doomed naturally to urinary disturbance, should be relegated to the valley of dead lumber. Both physician and layman should be taught the advisability of a careful supervision of the urinary apparatus of men at or above middle age. When symptoms are elicited, a careful examination should be made, and if enlargement of the prostate is found to exist, or develops later, a radical operation should be advised. There should be no compromise on the foregoing points, if mankind is ever to be freed from the misery produced by that *bête noir* of medicine—prostatic hypertrophy. The sooner the fallacious notion that all old men are legitimately entitled to misery during their declining years is exploded, the better for the profession, and, obviously, the better for the public at large.

In speaking thus emphatically I am by no means basing my position upon the recent operative furore in the direction of the prostate. Those of the profession who are familiar with my writings for many years past, and particularly the men whom I have had the honor of teaching, are well aware that my position has been a most uncompromising and radical one ever since the feasibility of the removal of prostatic overgrowths was demonstrated by Belfield, and McGill.

INDICATIONS FOR OPERATIONS IN GENERAL.

I have long taken the radical ground that, other things being equal, the existence of prostatic overgrowth in any case warrants the consideration of a radical operation. The cases may be divided into

1. Cases at or moderately beyond middle life, in which the bladder and kidneys are yet normal.
2. The same class of cases, so far as age is concerned, complicated by septic vesical inflammation.
3. The same class of cases, complicated by a greater or less degree of secondary renal disturbance.
4. Patients of from fifty-five to sixty-five years of age, in whom no secondary conditions have yet occurred.
5. Cases of similar age, in which catheter life has been established for a greater or less length of time, and infection of the bladder has occurred.
6. Similar cases, in which the kidney is infected to a greater or less degree.

7. Patients above sixty-five years of age, with sound bladder and kidneys.

8. Patients above sixty-five years of age, in whom the bladder and kidneys are involved in secondary infection, to a greater or less degree.

9. Cases in very advanced life, in which the patient is suffering intensely, and more or less serious secondary involvement of the kidney and bladder is present.

Cases in comparatively young subjects, with sound bladder and kidneys, should be operated on, irrespective of the severity of the symptoms. The only exception is in cases in which the symptoms are slight, the prostatic enlargement of a simple hyperplastic nature, and the progress of the disease can be checked by such measures as dilation, general and sexual hygiene, and massage. Prostatic enlargement in such cases should be regarded, from an operative standpoint, as demanding the same radical treatment as any other surgical condition in which progressive development and serious secondary changes are almost inevitable. The prognosis in such cases is extremely favorable. The percentage of deaths should be almost *nil.* Cases in comparatively young subjects, in whom septic vesical inflammation exists, should always be operated, but, where possible, the bladder complication should be brought under control, and that viscus restored as nearly as possible to an aseptic and physiologic condition before operation. If this be done, the prognosis is almost, if not quite, as favorable as in the preceding class of cases. With proper drainage immediate operation offers a very good prospect of recovery.

In comparatively young subjects, with more or less secondary renal disturbance, with or without vesical sepsis which, of course, usually exists, operation offers, after proper preparatory treatment, a fair prospect of recovery, unless the seecondary renal disturbance is very marked. Even in these cases the results are sometimes surprising. I recall a case in which the specific gravity of the urine was only 1007 for many weeks; the patient greatly debilitated and anæmic from severe vesical hemorrhages; casts in the urine abundant; albumin in plenty, and the urea for many days about one-half of one per cent, but in which I performed an operation at the earnest solicitation of the patient. This case recovered completely, although the operation was a very formidable one. Uræmic symptoms were evident for several weeks.

The age of the patient is perhaps not so important as the relative degree of involvement of the kidneys; this, of course, within reasonable limits. Patients above sixty-five years of age, without secondary vesical or renal complications, offer a favorable prognosis in the majority of cases, the mortality, of course, increasing *pari passu* with the age of the subject.

Patients above seventy-five years of age, in whom vesical and prostatic symptoms have become manifest for the first time, should be offered in most cases the benefits of palliative treatment. Life expectancy is short in these individuals at best, and if the catheter

and palliative treatment keep the patient perfectly comfortable, there is a question in my mind as to whether a radical operation should be seriously considered as a matter of routine. The expectancy of life should in each case enter largely into the consideration of the advisability of an operation. Cases of moderately advanced age, in which catheter life has been established for some time, should, as a rule, be operated on. If the kidney is seriously involved, operation should, in the majority of cases, be interdicted, save where all means of palliation fail to give the patient comparative comfort. When suffering is extreme and not amenable to palliation, operation is urgently necessary. Some patients would better chance dying on the operating-table than go on in their condition of distress. In such cases, however, palliative drainage should usually be the operation of election. A point which is not sufficiently emphasized is that in cases of this kind, to use an Irish bull, we ofttimes kill the patient by curing him, i. e., we remove the obstruction which is the cause of his suffering, but his life is destroyed by a lack of adaptability to the new conditions on the part of the bladder and kidneys. Ether nephritis and nephritis *ex vacuo* are very frequent. More frequent still is acute vesical, urethral and renal infection, superinduced by the relief of pressure, and constant circulatory and nutritive disturbance produced by the removal of the obstruction to the urinary outflow.

In a general way, patients with sound bladder and kidneys, from sixty-five to seventy-five years of age, offer a very favorable prognosis, providing the perineal operation is practicable. In very old patients with severe vesical and kidney infection, radical operatoins upon the prostate are usually contraindicated. The fact that this is the class of cases upon which the operative statistics of the prostate up to date have been largely based explains the discouragement which has been experienced in prostatic surgery.

SELECTION OF OPERATION.

The various operations on the prostate have each their advocates, who claim that some particular method of operating is applicable to all cases. If this be true, then the prostate is an exception to all the rules of modern surgery.

The operative surgery of the prostate demands a differentiation of cases, and the adaptation of methods, not only to the various classes of cases, but to each individual case. The ideal operation is unquestionably the perineal method, where the conditions make it applicable. All cases are not susceptible to attack by the perineal route. When combined with suprapubic cystotomy, however, the perineal method enabels us to master most cases.

It is to be understood that "prostatectomy" of any variety is a misnomer. We simply shell out, so far as practicable, the tissue which comprises the greater portion of the bulk of the prostatic tumor. A certain amount of secondary inflammatory intra and extra-capsular tissue exists, which, with the capsule proper, is left behind by the operator. Once the tumors are enucleated, and the

obstruction to the urinary way removed, nature takes care of the remaining adventitious tissue very nicely. Total prostatectomy is not practicable within the limits of safety. Furthermore, it is absolutely unnecessary. In cases in which a bar at the neck of the bladder exists, or there is a moderate median obstruction, without distinct tumor, the modified Bottini operation, via the perineum, or the direct use of the galvano-cautery through a fenestrated endoscope, is often effective, and is a rational method of procedure. Simple division of the bar—median prostatectomy—often gives perfectly satisfactory results. I have operated in a number of instances on the principle of the Abbe string saw, with advantage. A long, stiff, eyed probe is armed with a stout piece of silk, in which a number of knots have been tied. The probe is passed into and beneath the obstruction, at the neck of the bladder, and drawn out of the perineal wound by the finger, thus causing the ligature to traverse the tissue which it is desirable to divide. A slow sawing motion with the ligature, care being taken to protect the tissues of the perineum, soon divides the obstruction. Where the obstruction is not large, this method is often an excellent one, as the danger of hemorrhage is by it reduced to a minimum. Prolonged drainage with a rigid tube and the introduction of sounds during convalescence are usually necessary.

In cases in which palliative operation only is to be considered, they may be operated and the bladder drained, either from above or below. Great difficulty has been experienced, it is true, in maintaining a permanent suprapubic fistula which will permit the patient to keep clean and dry. If the opening in the bladder is made very small, dilatation of a small puncture rather than a large incision being relied upon, the puncture being made relatively close to the vesical neck, the fistula will usually be under control after healing is completed.

I have several cases under observation at present, in which the patients are so comfortable with a suprapubic fistula that they simply will not listen to the slightest suggestion of a radical operation upon the prostate. In one instance the old gentleman empties his bladder without any great difficulty at stated intervals, by the use of a glass funnel, which he applies over the fistulous opening.

In many cases the suprapubic, or the combined suprapubic and perineal sections are necessary. My rule is to remove the growth through the perineum, if practicable. In large, pedunculated growths, which sometimes practically fill the bladder; also in short, deep, fat perinei, it is sometimes with extreme difficulty that even the attachments of the tumors can be reached, much less their fundi.

Under these circumstances the combined or suprapubic operation is often imperative. In some of these cases hemorrhage is very serious, and suprapubic section, with packing of the bladder, is absolutely necessary. Where the prostratic tumor is large, and brought down with difficulty, or the perineum deep and short, I have not hitherto hesitated to resect the coccyx. This complicates

matters very little, and practically does not add to the dangers of the operation, and adds surprisingly to the facility of reaching the pathologic tissue.

An instrument which I have used in a number of instances with satisfaction is presented herewith. (Figure.) It is introduced

into a median incision at the apex of the prostate, the urethra being opened as a preliminary to the removal of the organ. The instrument is introduced closed, and is then opened with the finger. The vesical end of the instrument is patterned after the ordinary urethral sound, both ends being rounded. The convex border of the instrument rests upon the interior of the vesical neck, "perineumward." Considerable traction upon the prostate may be exerted with this instrument with perfect safety, and the extent to which the organ can be drawn down into the perineum is surprising to the uninitiated.

The sooner the profession is brought to realize the fact that no single operation can be successfully used in a routine manner in obstructive prostatic disease, the better for surgical science. We are justified in being suspicious of operators who report successful results from the routine application of any operative procedure. The various mutilating operations upon the testes and cord were boomed in the near past quite as enthustiastically as the Bottini operation has been of recent years. The history of the rise and fall of castration in prostatic disease is only too familiar. The conservatism of those who have hesitated to receive the Bottini operation as a routine procedure has been justified by the past history of prostatic surgery, and its wisdom is being daily confirmed by the experience of the profession at large.

The modified,—i. e., perineal,—Bottini has its limitations, and, in my opinion, they are very narrow. However modified, the Bottini method is, to my mind, a compromise with prostatic pathoolgy

and surgery. While it may be useful in certain cases, it is demanded only because rational surgery is inapplicable, chiefly because of delay on the part of the patient in submitting to operation, or because of certain rare anatomo-pathologic conditions, which contraindicate the rational procedure of complete extirpation of the offending tissue. The less the Bottini operation is talked of, and the sooner it is regarded as an operation of necessity rather than election, and applicable in cases in which rational surgery, i. e., complete extirpation of the adventitious tumors, is not practicable, or in cases in which the patient absolutely refuses to submit to extirpation of the offending tissue, the sooner the radical treatment of prostatic disease will assume its rightful place in operative surgery. The history of prostatectomy proper is being and will still further be marred by the results and alleged results of surgical routinism.

TECHNIQUE OF THE ENUCLEATION OF PROSTATIC TUMORS.

Preparation of the Patient. Where it is practicable to do so, as is usually the case, the patient should be kept quietly in bed from three days to a week prior to the operation. The kidneys demand careful attention, and a careful study of the urine should be made from day to day. The diet should be liberal, but red meats should be excluded, milk being the staple article of diet. Great care should be taken to avoid lowering vitality by a too restricted diet. This is a mistake that is very often made, and the patient goes to the operating-table with a resistancy lowered, rather than increased, by the preparatory regimen. Pure water should be given in abundance in most cases, although some discretion is necessary here. Urinary antiseptics are valuable. Urotropin, eucalyptus or boric acid are all of value, urotropin being, of course, the most efficacious of all. The bladder should be irrigated at stated intervals with mild antiseptic solutions. A mild solution of oxychlorine is often effective. Nitrate of silver, in weak solution, may be of service. If great irritation about the prostatic urethra exists, with frequent, painful and spasmodic micturition, anodynes should be given in sufficient quantity to control it, thus securing rest to the bladder. Anodynes act best when given by the rectum.

When the patient is placed upon the table for operation, the surgeon should understand that the correct method of operating will be governed largely by the character of the tumors. It is well to advise the patient, before operating, of the possible necessity of operating suprapubically. The exigencies of the case may, in exceptoinal instances, be indicated by the preliminary use of the cystoscope. In general, however, while this instrument adds to the accuracy of diagnosis, its use simply enhances the dangers of subsequent radical operations through the shock, traumatism and sepsis incidental to the exploration. Especially is this true where it is necessary to give an anæsthetic in order to explore the bladder with the

cystoscope. There seems to me to be often very little sense in the refinements of cystoscopic diagnosis. In many cases of prostatic disease in which a radical operation is absolutely necessary the principal danger to the patient is from shock, acting reflexly upon the kidney, to which is added the further danger of anæsthesia. Why double the danger by preliminary diagnostic exploration, which modifies not at all the treatment, and merely gratifies the diagnostician without adding anything of value to the case? The impression forces itself upon me that the danger compounds very rapidly with every exploration. A patient who, having had a prolonged cystoscopic exploration a few days before, goes to the operating-table for a radical operation often has very little prospect of recovery. In many instances of fatal result after prostatic operations one or more preliminary explorations are responsible for the patient's death.

The patient should be prepared with a view to doing, not only perineal prostatectomy, but suprapubic section, if necessary. Shaving and antisepsis should be scrupulously carried out.

Chloroform should be the anæsthetic of election, for, as is well-known, it is immeasurably safer than ether in the class of cases under consideration.

The patient being placed in the lithotomy position, a medium-sized sound is introduced into the bladder and given into the hands of the assistant. An inverted Y-shaped incision is made in the perineum, the longer arm of the Y corresponding with the median raphe of the perineum, and the short arms traversing the region just in front of the anus. It is sometimes advantageous to make the lower incision curvilinear instead of Y-shaped. The length of the lower arms of the incision, or of the crescent, as the case may be, should be modified by the conformation of the perineum, which should be longer as the perineum is shorter, deeper and more fatty. The triangular flaps involved in the incisions should embrace all the tissues down to the muscular structure of the urethra. The triangular flaps having been dissected up cleanly, so as to expose the outlines of the urethra clearly, should be everted, and fastened to either buttock by a single strand of medium-sized silk traversing its free angle. Careful blunt dissection downwards along the urethra to the apex of the prostate must now be made, the rectum and the tissues in the ischio-rectal fossa being pulled down strongly by a retractor in the hands of an assistant. If sufficient room can not be obtained in this way, it can be increased greatly by resecting the coccyx, although this should be rarely necessary. As the dissection is being made, the assistant, using the sound as a lever, its convexity being directed perineumward, pries the prostate down into the wound as much as possible. Where the prostatic tumors are of moderate size and quite circumscribed, it is sometimes possible to enucleate them without opening the urethra. It is sometimes advisable to do this, unless the condition of the bladder be such as to positively demand drainage or intravesical

work. Even here a retained catheter may be better than a perineal drain. Where a single prostatic tumor exists on one or the other side, an attempt should be made to enucleate it without opening the urethra, unless there be some positive indication for the latter procedure. A free incision in the capsule of the prostate is rarely necessary. I find that the best plan is to make a puncture with a pair of strong scissors. The puncture is enlarged by opening the blades of the scissors; the dilating finger of the operator does the rest. In some instances an incision of this kind should be made upon either side. Where opening the urethra seems advisable or unavoidable, the prostatic retractor shown herewith will be found exceedingly useful. (Figure.) An opening is made upon the staff at the apex of the prostate. Through this incision the prostatic urethra and neck of the bladder are thoroughly dilated with the finger so far as may be. The prostatic retractor is now inserted closed, and under the guidance of the index finger in the bladder, opened in such a manner that its convexity rests upon the lower segment of the bladder. The sound is, of course, removed before the neck of the bladder is dilated, and the retractor inserted. An intelligent assistant has now command of the situation. The slim wire shank of the instrument, while it is a guide, in a certain sense, to the enucleating finger, does not encroach by its bulk upon the field of operation. In some cases it is found impossible to pass a rigid staff into the bladder. Under such circumstances, one of two procedures may be resorted to: (1) A gum elastic catheter may be passed as a guide; (2) the urethra may be opened in the apex of the prostate upon a staff which can be readily passed down to this point. In enucelating the prostatic overgrowth, it should be remembered that in some instances damage may be done by overzealousness in the attempt to remove all the adventitious tissue. No circumscribed overgrowth should be spared, but it should be understood that there is more or less diffuse tissue hyperplasia surrounding the tumors proper, and secondary to them, which it is both dangerous and unnecessary to remove, as it shrinks down readily when once the offending tissue has been extirpated. All distinct intumescences should be removed. Where enucleation is not practicable, *morcellment* with cutting forceps is required.

In cases in which distinctly circumscribed single or multiple tumors are not found, but where there is diffuse enlargement of one or both lobes, it is usually practicable to extirpate the entire mass by intracapsular enucleation. If a distinctly pedunculated or even plainly circumscribed median tumor exists, it may not be practicable to remove it extravesically. Under such circumstances it should be twisted off within the bladder, or enucleated through an incision upon its mucous surface.

The prostatic tumors having been removed, the bladder should be explored, and if stone be present it should be removed.

I desire to emphasize the fact at this juncture that in any instance in which the tumors are removed by incisions from the

vesical side, the ideal perineal operation is distinctly debarred, and the operation reduced to the same plane, essentially, as that occupied by suprapubic cystotomy and intravesical extirpation of the prostatic overgrowths. Where the tumors are more or less polypoid in character, or if sessile, are situated very high up, their bulk being distinctly intravesical, it is occasionally necessary to combine suprapubic cystotomy with the perineal method, and remove the tumors under consideration from above.

The question of air versus fluid distention of the bladder during operation is largely a matter of taste. I have been in the habit of distending the bladder with either sterile water or weak antiseptic solutions, after thorough antiseptic irrigation. Drainage after the operation should be carried out by a large tube of some kind. Personally, I prefer a rigid tube, although in some instances I use a large rubber tube. The appliance used for drainage, like some other points in the technique, is largely a matter of individual taste. The duration of drainage should be governed by the condition of the bladder. I believe it is advantageous in some cases to dilate the neck of the bladder a few times before healing is complete.

In Praise of the Pituitary.—

The pituitary body and the infundibulum
Are each unto the other an inseparable chum.
For years the wise physicians have been puzzled by the twain—
The problem has bewildered every scientific brain.
The argument had risen to a stage intensely warm—
Some said it called for knives à la appendix vermiform.
But now the worth of science has been clearly shown again;
The pituitary body bosses all our oxygen.
The hot air we are handed is received as it may come,
And fitted for its journey through the infundibulum.
And thus we're benefited by the function pituitous,
And only get the portion that is nutriment to us.
When crafty politicians come to slap us on the back,
The pituitary body starts to taking up the slack;
It separates the nodules and the gases which are there
And hemoglobinizes that installment of hot air.
'Tis thus we see the blessings that unconsciously have come
Through the pituitary body and the infundibulum.
Give praise unto the surgeons whom the question could not tempt;
Who left the pituitary and the infundib. exempt;
Who yielded not, when nothing good of purpose they could see
About these minor organs, save an amputating fee;
And hail the gland so helpful and its ever-ready chum,
The pituitary body and the infundibulum! —*Chicago Tribune.*

THE

TEXAS MEDICAL JOURNAL.

AUSTIN, TEXAS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITED AND PUBLISHED BY
F. E. DANIEL, M. D.

ASSOCIATE EDITORS:

WITTEN BOOTH RUSS, M. D., San Antonio, Texas.

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Published Monthly at Austin, Texas. Subscription price $1.00 a year in advance.

Eastern Representative: John Guy Monihan, St. Paul Building, 220 Broadway, New York City.

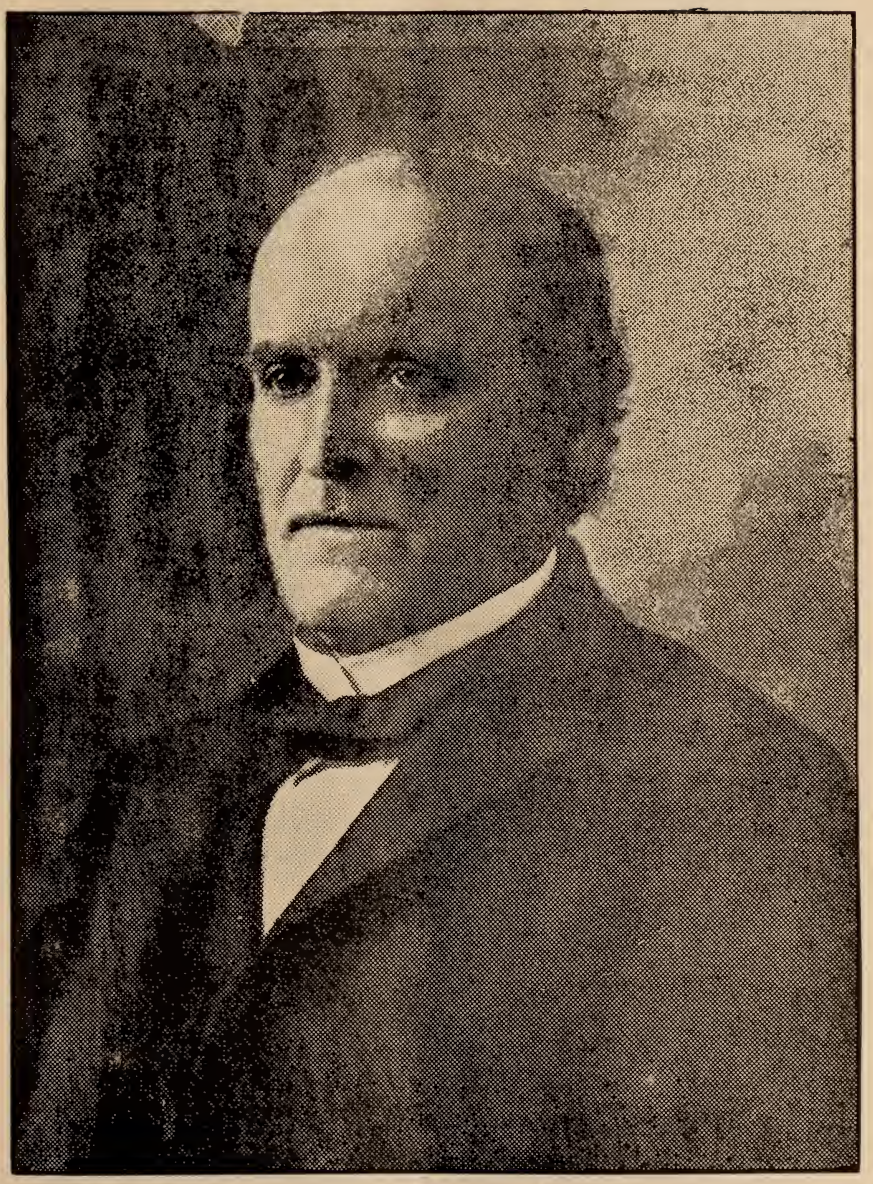
Official organ of the the West Texas Medical Association, the Houston District Medical Association, the Austin District Medical Society, the Brazos Valley Medical Association, the Galveston County Medical Society, and several others.

Samuel Hollingsworth Stout, A. M., M. D., LL. D., Clarendon, Texas, late of Dallas, died at his home in Clarendon, September 18, 1903, in the 82nd year of his age.

Dr. Stout was known all over the civilized world as the organizer and Medical Director of the Hospital Department of the Confederate Army, in Tennessee, Mississippi, Georgia, Alabama and Louisiana. The most remarkable feature of the department was its mobilization—something unprecedented in history,—a feat that challenged the admiration of the world and drew forth words of praise and commendation not only from our own Confederate generals but from those of the other side, and even from Europe.

Dr. Stout was also extensively known as a scholar, an educator, a teacher and a surgeon. In his youth he had the advantages of a thorough classical education and was reputed to be one of the best Latin and Greek scholars in America.

As a man he was immensely popular and greatly beloved by all who knew him. A scholar, whose conversation was at all times entertaining and instructive, an optimist who never knew the meaning of the word "fail," a companion whose society was a delight and whose geniality and eternal youth were stimulating and inspir-



DR. S. H. STOUT.

ing. As father, husband, friend, citizen, physician, teacher,—in every relation of life, he was admirable. The writer knew him intimately, served with him in the trying times when was begun a friendship that endured and grew stronger as the years rolled by. His innumerable host of friends all over America will grieve with us and unite to do honor to his memory. He was the foremost and central figure in the famous Hospital Department of the Confederate States, the most distinguished, around which were grouped scores of able, brilliant and since famous surgeons. His memory will live forever, for he left the impress of his strong personality and vigorous and original thought not only upon every community in which he lived, but upon his times and generations.

BIOGRAPHICAL.

Dr. Stout was born in Nashville, Tennessee, March 3, 1822, and grew to manhood and received his education in that city; graduated A. B. from the University of Nashville, class of 1839. He graduated in medicine from the University of Pennsylvania in 1848. In the same year he passed examination for commission as Assistant Surgeon, U. S. N., but as the Mexican war was over he resigned, and, returning to Tennessee, he settled in Giles county, where he was married the same year to Miss Martha M. Abernathy. Mrs. Stout and three children survive the doctor, Misses Margaret and Kate, and a son living in Atlanta, Ga. The two daughters are well known as teachers in the public schools of Texas. The University of Nashville (his *alma mater* in the arts), in 1885—forty-six years after giving him the degree of A. B.—conferred upon Dr. Stout the degree LL. D., "in acknowledgment of his distinguished services in the cause of humanity, in the pursuit and practice of the medical profession, and as an educator."

He was practicing medicine in Giles county when the war between the States broke out. He immediately entered the Confederate States service as surgeon of Colonel (afterwards Major-General) Jno. C. Brown's Third Tennessee Regiment: In October, 1861, was surgeon in charge of Gordon Hospital, Nashville. After the fall of Fort Donaldson (April, 1862), he was made "post surgeon" at Chattanooga, in charge of all the Confederate hospitals at that post. When Bragg took command of the Army of Tennessee, upon the death of Gen. A. S. Johnston, he made Dr. Stout superintendent of all the general hospitals of the Army and Department of Tennessee; and in February, 1863, the office of medical director of hospitals was created, and Dr. Stout was ap-

pointed by the Secretary of War to the position and filled it till the close of the war; reporting directly to the surgeon-general at Richmond. By the exigencies of the service before the close of the war, the territorial limits of the department were vastly extended, till it embraced everything from the Savannah river to the Mississippi. The hospitals in this vast area of country, invaded often and at many points by the enemy, were so "mobilized" that organizations were never broken, but the staff of each, together with its nurses, stewards, commissary, hospital furniture and all equipment, advanced or retreated, according as the army advanced or retreated, and often "got up and got out of the way" when threatened with capture. It was a wonder. Its movements were accomplished from point to point with as little confusion as were those of the army in front.

Dr. Stout preserved to the day of his death all the records, roster of officers, orders, and other documents of his department, and intended to write a full history of it, but never did; that is, he had written twenty-four chapters of it, under the head of "Records, Recollections and Reminiscences," etc., and they were published in the *Southern Practitioner* (Nashville), the official organ of the United Confederate Veterans' Association. Amongst these papers are the personal and official correspondence with General Bragg and other commanders, who highly praised and complimented Dr. Stout upon the efficiency of his department. I regret I have not room to publish some of these letters. It was General Bragg's intention, had he lived, to assist Dr. Stout to publish these valuable documents under the auspices of the Southern Historical Society, of which General Bragg was president. The Misses Stout hope to complete the work Dr. Stout had begun, and we hope to see the series in the *Southern Practitioner* unbroken.

After the close of the war Dr. Stout settled in Atlanta, Ga., where he was elected to a chair in the medical college (1866-7), but after two courses of lectures he resigned and returned to Giles county, Tennessee, to gather up the wreckage of his once ample fortune. He returned to Atlanta in 1869. In 1882 he removed to Texas, settling in Cisco; thence he removed, in 1893, to Dallas; thence to Clarendon in June, 1903. In Atlanta in 1869 he inaugurated the movement to establish the system of public schools of which that city now so justly boasts, and in Cisco, Texas, he organized the public schools, now so popular and successful.

In Dallas, up to the date of his removal to Clarendon, Dr. Stout was connected with the organization of the first medical college in that city—Medical Department of the University of Dallas—

and was Dean of the Faculty. At the time of his death he was Emeritus Professor of Medicine in that institution, now the Medical Department of Baylor University.

The remains of the noble and distinguished Confederate Veteran Surgeon were interred, with Masonic honors, in Dallas, September 20, 1903. The funeral was largely attended by prominent Masons from all over the State and by Camps of Confederate Veterans in a body. Addresses were delivered by Dr. Laurence, on behalf of the Confederate Veterans, and by Dr. C. M. Rosser on behalf of the medical profession and the medical college.

Beautiful and touching resolutions were adopted by the Dallas County Medical Society, testifying to the worth and merit of the illustrious physician and to the love, veneration and esteem in which he was universally held.

State Health Officer Tabor is "on guard" at Laredo, and has been several weeks, giving his personal and undivided attention to the fever epidemic. Dr. Guiteras, the Marine Hospital expert, is also there and the utmost harmony exists between them, and they work in perfect accord, although Dr. Tabor takes—as he should do—precautions against the spread of the fever by other agencies than the mosquito. To that end he causes the disinfection of everything by sulphur and formaldehyde, and detains all suspects ten days. His course in this and all that he has done is to be commended. The people of Texas may sleep well in the assurance that all that human agency, medical and sanitary skill and watchfulness and zeal in the interest of the protection of the public health can do is being done. Thus far not an exposed person has gotten out of the lines, and no apprehensions are felt that the disease will find a foothold outside of Webb county.

As the daily papers report the situation, any news I could publish as to details, in a monthly, would be stale and no news by the time it reached my readers.

At this writing (October 12th) there have been 210 cases at Laredo and ten deaths, less than five per cent. Either the disease is very mild, the doctors are more successful in treating it than in 1867 and 1878, when I had a tussel with it, or else it is not yellow fever. Although I have not seen a case, I am inclined to the latter belief. I was always skeptical of the diagnosis of the fever of 1898-9, which swept Louisiana, with an average mortality of less than four per cent. Is the game worth the candle? There are several diseases that have a higher mortality, and intercourse

with the world is not cut off because thereof. It does look that if the mosquito is the *only* danger—quarantine (non intercourse) is not necessary. But Tabor is taking no chances, and the Texas people will have quarantine.

Dr. McKnight, Quarantine Officer at Laredo, was stricken down with the fever on the 7th inst., and Dr. Thompson, a volunteer physician from Smithville, was attacked on the 8th. A letter from Dr. Tabor (October 8th), giving this news, says: "We really need immunes. I have applications from physicians to come, and we need two or three more, but can not afford to have non-immunes to come in and get sick." Of Drs. McKnight and Thompson, Dr. Tabor says: "They have been working eighteen to twenty-four hours of each day. Neither is seriously ill at this time."

The "Red-Back" earnestly hopes that they may speedily recover.

Dr. L. W. Cock, of San Marcos, is in charge of the detention camp at Sanchez, on I. & G. N. R. R., ten miles out of Laredo, and Dr. W. B. Briggs, of Easterly, Secretary of the Great Brazos Valley District Medical Society, is in charge of the one on the Texas-Mexican Railroad between Laredo and Corpus Christi. Both these gentlemen are experienced yellow fever physicians.

Correspondence.

The Laugh of a Child.

Dr. Weems sends us the following, which we publish with pleasure:

Columbus, Texas, September 25, 1903.

Texas Medical Journal, Austin, Texas.

Dear Dr. Daniel: In glancing over the last pages of the "Red-Back," for July, 1903, my eyes fell upon "Laughs and Laughter," page 30. Some of the sentences are quite witty and true. The last part of the article, dealing with the physiological effects of laughter, being particularly good. I was forcibly reminded of Col. R. G. Ingersoll's "The Laugh of a Child," the wording of which is so beautiful, and the sentiment expressed so lofty and pure, that I quote it for the benefit of those who may not have seen it.

"The laugh of a child will make the holiest day more sacred still. Strike with hand of fire, O weird musician! the harp strung

with Apollo's golden hair; fill the vast cathedral aisles with symphonies sweet and dim, deft toucher of the organ keys; blow, bugler, blow, until the silver notes do touch and kiss the moonlit waves, and charm the lovers wandering midst the vine-clad hills: but know, your sweetest strains are discords all, compared with childhood's happy laugh—the laugh that fills the eyes with light and every heart with joy. O rippling river of laughter! thou art the blessed boundary line between the beasts and men; and every wayward wave of thine doth drown some fretful fiend of care.

"O laughter! rose-lipped daughter of joy, make dimples enough in thy cheeks to catch and hold and glorify all the tears of grief."

Yours very truly,

M. A. Weems, M. D.

Society Notes.

Brazos Valley Medical Association.

Easterly, Texas, September 9, 1903.

Dear Doctor: The next meeting of the Brazos Valley Medical Association will be held in Hearne on the 10th and 11th of November, 1903.

You are very earnestly requested to prepare a paper on some theme of your own selection. You will have ample time, but commence now. Please do not fail to write a paper, and send the subject you select to Dr. W. B. Briggs, Easterly, Texas, at once.

As much business of importance will be transacted, a large attendance is desired.

W. W. Greer, President.

W. B. Briggs, Secretary.

Wharton County Medical Society.

This society was organized at Wharton, August 18, 1903, by Dr. Walter Shropshire, of Yoakum, Councilor for the DeWitt District. The following officers were elected: President, Dr. G. L. Davidson, Wharton; Vice-President, Dr. M. M. Pool, El Campo; Secretary, Dr. J. M. Andrews, Wharton; Treasurer, Dr. D. P. Redwine, El Campo; Board of Censors, Drs. W. D. Ray, East Barnard, J. W. Teague and S. M. Applewhite, Wharton.

Our membership is now fourteen, with fair prospects of increase at next meeting.

J. M. Andrews, Secretary.

Wharton, Texas, October 8, 1903.

Bell County Medical Society.

TEMPLE, TEXAS, October 5, 1903.

Texas Medical Journal:

The Bell county doctors met at Belton, October 3rd, and organized the Bell County Medical Society, according to by-laws and constitution of American Medical Association, with thirty-nine charter members.

J. M. Frazier, M. D., Belton, President; J. H. Payne, M. D., Holland, Vice-President; J. M. McCutchan, M. D., Temple, Secretary.

COLORADO, TEXAS, October 5, 1903.

Editor Texas Medical Journal, Austin, Texas:

The counties of District No. 2, so far as organized, are as follows:

September 1st, the Nolan-Fisher-Stonewall Counties Society was organized with twelve members. President, Dr. A. M. Davidson, of Roby; Secretary, Dr. J. R. Roebuck, of Sweetwater

September 12th. Taylor County; fifteen members. President, Dr. T. D. Bass, Abilene; Secretary, Dr. J. B. Thomas, Abilene.

September 26th. Mitchell-Scurry-Kent-Dickens Counties Society; twelve members. President, Dr. W. H. Morrow, Dunn, Scurry county; Secretary, Dr. W. R. Smith, Colorado.

September 30th. Jones-Haskell-Knox-King Counties Society; sixteen members. President, Dr. R. R. Shappard, Anson; Secretary, Dr. Lee Williams, Anson.

The plan of organization is heartily endorsed by the physicians of this section, and the enthusiasm with which they are entering into the work is very gratifying to the councilor.

Showing importance of organization, it was found only five out of the fifty-five in societies so far organized belonged to the State Association. The remainder of the list will be completed at an early date.

Very truly yours,

P. C. COLEMAN, M. D.,
Councilor, District No. 2.

[Dr. J. R. Roebuck, Secretary of the Nolan-Fisher-Stonewall Counties Medical Society, writes us that the next meeting of that society will be held at Sweetwater, the first Tuesday in December. —ED.]

East Texas Medico-Chirurgical Society.

JACKSONVILLE, TEXAS, October 4, 1903

Texas Medical Journal, Austin, Texas.

DEAR DOCTOR: Please say in your next issue that the East Texas Medico-Chirurgical Society will meet in Palestine, Texas, on

November 19th and 20th, and you may always expect a full program and splendid entertainment. The Palestine M. D.'s anticipate your wants.

E. B. Parsons, M. D., President.

E. E. Guinn, Secretary.

News and Miscellany.

There is hope for the physician who will admit that he is guilty of malpractice every day of his professional life.

Sciatica.—Kuhn states that deep injections of antipyrin, at a point midway between the great trochanter and the tuberosity of the ischium, will relieve the pain of sciatica.—*Med. Rec.*

Consumption.—It can not be too strongly insisted upon that all who are prone to this disease must be kept as much as possible in the open air. Even at home this may be done by keeping all windows of sleeping rooms open to their fullest extent, using proper clothing to preserve heat, and during the daytime keeping the patient out of doors, protected from the weather, no matter what the circumstances of the patient are. Constantly we find such people confined to a close room, as if the pure air were dangerous to breathe. Added to this the want of abundance of nourishing food, and it is not to be wondered at that the disease rapidly carries off the patient. In many instances, the moment the patient shows what is the nature of the ailment, we find him scrupulously secluded to his room. The air, already foul, made more so by the presence of visitors, filth, tobacco, etc., thus preventing the lungs from being aided in their efforts to throw off the disease, in fact, increasing the power of the poison by furnishing it a soil to grow in. Disinfection, cleanliness, fresh air—all aid in preventing the progress of the disease and prolong life, if not curing the case.—*Public Health.*

Use of Normal Salt Solution.—Salt solution is employed in all diseased conditions associated with either hemorrhage or intense toxemia. In hemorrhage it replaces the fluid lost to the tissues and refills the blood vessels, thereby giving the heart something on which to work. It stimulates the cardiac ganglia; sustains the nutrition of the heart itself, rendering it possible for the remaining blood to be propelled to the vital centers; and sustains life temporarily until new blood can be formed. It raises the temperature to normal and relieves collapse. In toxic conditions it excites diaphoresis and diuresis, lowers the specific gravity of the urine, increases phagocytosis, dilutes the poisons circulating in the bloodstream, and by a process of cell-lavage removes the toxin from the paralyzed cell, allowing it to resume its normal function.—*H. F. Thompson, in Med. News.*

Doctor (reclining in his easy chair by the fire, in his soft *robe de chamber,* reading the Texas Medical Journal; his pretty wife is waiting for him to get through with it, so she can read it—children all asleep)—"Dr. Daniel gets out a most interesting journal; it is the most intensely original journal published. It takes money to do it. I do not know how I could get along without it, and yet—by jingo! I haven't paid my subscription, notwithstanding the doctor has politely reminded me, several times. I must go tomorrow and send him a postal note. I've had pretty good luck collecting."

Pretty Wife—"Do, don't forget it, my dear; here, let me tie a string around your finger as a reminder. Remember—'Do unto others as you know how it is yourself'—'the rolling hen never gets moss,' or words to that effect."

Doctor—"I'll *do* it, sure! That is the man I am of a kind." (Exit doctor for the postoffice.)

The Results of the Treatment of Four Hundred and Eight Cases of Typhoid Fever, With a Report of Experiments With a New Method.—H. C. McCormick states that the local application of guaiacol for the reduction of temperature has proved so effective and safe a remedy, that after having applied it 3,150 times, he heartily recommends it. The right iliac region is cleansed and dried, and alcohol applied. From five to ten drops of guaiacol are slowly dropped on the surface and rubbed in with the hand from ten to fifteen minutes. The part is then covered with oiled paper. The antipyretic effect lasts from two to four hours. The author treated four patients with acid sulphate of sodium. They were admitted on or before the seventh day. The temperature charts showed, from the time they came under the influence of the sodium salt, a fall of about one degree, and the morning remission was almost entirely abolished. The author finds that in a solution of 1 to 300 the acid sulphate of sodium is germicidal to typhoid bacilli, increases leucocytosis, and thus helps nature to combat the disease, neutralizes typhotoxin, and in a measure lessens delirium and other symptoms attributed to this poison, prevents, to a great degree, the congestion of Peyer's patches, and by this means prevents to some extent hemorrhage and perforation. It will resist bacilli or toxin in any part of the body, and greatly lessens the complications of the disease. It is a prophylactic, and is not neutralized in the stomach. It replaces physiologically the deficient hydrochloric acid. It furnishes an abortive treatment. It may be used to purify contaminated drinking water by allowing the solution to stand from twelve to fifteen minutes before being taken.—*The Theraputic Gazette.*

It is Now Definitely Settled that strabismus is *not* caused by *cocci.* Bangs says the cases of cock eye *he* sees have been produced by spasmodic and frantic efforts to *see the point* of some of the "Red-Back's" jokes.

THE DOCTOR'S RECREATION SERIES.—12 vols., octavo. The Saalfield Publishing Company, Cleveland, Ohio, will very shortly issue twelve volumes of books under the above title. They are not, strictly speaking, medical books, but they are, nevertheless, books that all doctors will enjoy reading—for "recreation." Among them (Vov. VI) is "Passages from the Diary of a Late Physician," by Samuel Warren, author of the immortal story, "Ten Thousand a Year" I have received a letter from Dr. S. W. Kelley, late editor of the Cleveland *Medical Gazette,* who is managing this business, saying these books will be sent the "Red-Back" for review, soon. Then I'll tell you more about them. I'll bet they are good.

SUBSCRIPTION BILLS have been sent to all my subscribers. I will appreciate prompt remittance. Add 10 cents if personal check is sent. Costs me 10 cents for each $1 check. See?

MISSISSIPPI has at last established a medical college. The Medical Department of the University of Mississippi began its first session September 17th. It is located at Oxford, I presume, the seat of the university. Our Mississippi contemporary, in an editorial on the subject, is a little nebulous. He leaves readers in the dark as to location, faculty and other important details. On account of lack of hospital facilities, it is to be presumed, the new school will not attempt clinical instruction, but will give only the first two years course, teaching thoroughly "the so-called scientific branches of medicine," says the Mississippi *Medical Record.*

ANOTHER LANDMARK GONE.—Dr. J. Y. Bradfield, retired physician and banker, of Daingerfield, Tex., died at his home October 5th, aged 68 years. He was a graduate of the Medical Department University of Georgia, class 1858.

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NEW ORLEANS POLYCLINIC.—Seventeenth annual session opens November 2, 1903, and closes May 28, 1904. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information, address New Orleans Polyclinic, postoffice box 797, New Orleans, La.

"COSTIC."—The St. Joseph *Medical Herald* says the "Red-Back" is "too costic," whatever that may be.

For Sale.—In small town, four room cottage, wind mill and outbuildings; office on separate lot; $3000 practice thrown in; collection 90 per cent. No opposition. Price $600. U. E. G. Dyer, M. D., Star, Tex.

Will Repair Your Electrical Machines.—Static and all electrical medical apparatus put in running order. I am also agent for electrical and X-ray apparatus. Oliver Brush, 710 Colorado Street, Austin, Texas.

Dr. G. Frank Lydston, of Chicago, will shortly publish a work on sociology, entitled "The Diseases of Society," which will embrace the crime question, the social evil, etc.

Attention is called to Mrs. Hagerty's card, "Deep-breathing and Physical Culture." The editor personally endorses and recommends Mrs. Hagerty to the confidence and patronage of the readers of the Journal.

The American Congress of Tuberculosis will meet in St. Louis, October 3, 4 and 5, 1903. It has been incorporated into the program of congresses to be held there during the great exposition, and the American government has taken a hand in it officially. It will become an International Congress. Acting Secretary of State Adee writes Hon. Clark Bell, Chairman of the Executive Committee (September 21, 1903), informing him that instructions have been sent by that department to the diplomatic officers of the United States, accredited to the Central and South American States, Mexico, Hayti and San Domingo, and also to our ambassadors at London and Paris, and ministers at the Hague and Copenhagen, with regard to the British, French, Dutch and Danish colonial governments, to invite all these governments to send representatives to the great congress at St. Louis. It is believed that these instructions will result in a full representation by all American States and our colonial governments, as well as from other governments, and Secretary Adee expresses the hope that it will be so.

Swallowed an Elevator.—Farmer Peachstone: Gosh a mighty, doctor, can't you do sumthin' for a feller more'n you're doin'? I'm plumb tired of six meals a day, three goin' up and three goin' down."—*Ex.*

A Point in Differential Diagnosis.—Mrs. McGinnis: "Mrs. Murphy, dear, how do you distinguish them darling twins of yours, the one from the other?"

Mrs. Murphy: "I'ts dead easy; I just puts my finger in Dennis's mouth, and if he bites,—I known it's Mike!"

Books and Magazines

A Text-Book of Legal Medicine and Toxicology.—Edited by Frederick Peterson, M. D., Chief of Clinic, Nervous Department of the College of Physicians and Surgeons, New York; and Walter S. Haines, M. D., Profesor of Chemistry, Pharmacy, and Toxicology, Rush Medical College, in affiliation with the University of Chicago. Two imperial octavo volumes of about 750 pages each, fully illustrated. Philadelphia, New York, London; W. B. Saunders & Co. 1903. Per volume: Cloth, $5.00, net; Sheep or Half Morocco, $6.00 net.

This work presents to the medical and legal professions a comprehensive survey of forensic medicine and toxicology in moderate compass, yet with sufficient detail. For convenience of reference the treatise has been divided into two sections, part I and part II, the latter being devoted to toxicology, and all other portions of legal medicine in which laboratory investigation is an essential feature. The introduction, of expert evidence, is especially instructive to the lawyer and medical expert. Medico-legal post-mortem examinations comprise an interesting chapter at the beginning of the volume. The Bertillon and Greenleaf-Smart systems of identification are concisely and intelligently described, and the advantages of each stated.

The chapters on the signs of death deal with the various causes and effects in a most comprehensive manner. An instructive and important chapter is devoted to the destruction and attempted destruction of the human body by fire and chemicals. A chapter not usually found in works on legal medicine is that on medico-legal relations of the X-ray, which throws out valuable suggestions and encompasses all the facts now known on the subject. In dealing with the insane, the various State laws regarding same, we find a chapter which every practitioner of medicine should read.

In fact the entire work is overflowing with matters of the utmost importance and expresses clearly, concisely, and accurately the very latest opinions on all branches of forensic medicine and toxicology.

R. & L.

Quiz-Compends—Anatomy (No. 1).—By Saml. O. L. Potter, M. A., M. D., M. R. C. P., London. Seventh edition, revised and enlarged. One hundred and thirty-eight wood engravings. Sixteen plates of arteries and nerves.

A Compend of Diseases of the Skin (No. 16).—By Jay F. Schamberg, A. B., M. D. Third edition, revised and enlarged. One hundred and six illustrations. Both published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. Price of each, 80c net.

These little volumes contain a brief but thorough outline of the

subjects discussed and are invaluable for hasty review. The series is too well known to need discussion at our hands, but suffice it to say, to the student preparing for a medical examination, or to the practitioner who desires to make a thorough but hasty review of dermatology or anatomy, these books are of material assistance.

J. M. L.

THE BOY'S VENEREAL PERIL.—By F. C. V. Reprinted from the *Journal of the American Medical Association,* July 4, 1903. Published by press of A. M. A., 103 Dearborn Avenue, Chicago.

In this little pamphlet to the public, written unquestionably in a good cause, the author has wisely concealed his name and address as an evidence of his philanthropic motive. Alive to the dangers to which our American youth is subjected, uninstructed, he elaborates in this paper the dangers of self-abuse, the various venereal diseases, and warns against being "duped" by the various patent medicine advertisers.

Following the paper are impromptu discussions by prominent medical men. We read the paper with a good deal of pleasure, and are heartily in sympathy with the author. J. M. L.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA. Published by the Brown Printing Co., Montgomery, Ala.

We have reason to congratulate the profession of our sister State on its excellent work for the past year, as shown by the reports read at the annual State meeting.

The volume contains beside the routine reports of the committees, the excellent annual oration delivered by Dr. C. L. Morris, and various papers of merit by the most prominent doctors of the State. There is much material in it for profitable reading.

J. M. L.

SEXUAL DEBILITY IN MAN.—By F. R. Sturgis, M. D., formerly Clinical Professor of Venereal Diseases in the Medical Department of the University of the City of New York, etc. 381 pages, illustrated. Price, $3.00. Published by E. B. Treat & Co., 241-3 West Twenty-second Street.

In getting out this work the author seems to be actuated less by a desire to theorize on the statistics of others than to state to the medical public some conclusions which an exceptionally large venereal practice has forced upon him. He combats the very generally accepted statements—originated largely by "quacks," patent medicine advertisers, which have insidiously crept into the minds of many of our more enlightened medical men—that masturbating in childhood and youth must necessarily be followed by mental and bodily decay, etc.

In discussing the castration of masturbating lunatics, the author believes in its propriety in certain well selected cases.

He has succeeded in bringing enough clinical evidence forward to justify the separation of spermatorrhea and pollutions into two

distinct diseases, and to correct the absurd idea that the sufferer from the former is irrevocably doomed to sexual decay.

The illustrations—a series of nine microscopic plates representative of normal and pathological semen—were prepared from nature by Dr. Sondern, of New York, and are excellent studies.

J. M. L.

THE PRACTICAL TREATMENT OF STAMMERING AND STUTTERING, WITH SUGGESTIONS FOR PRACTICAL AND HELPFUL EXERCISES.—By George Andrew Lewis; and a Treatise on the Cultivation of the Voice, with a Discussion of Principles and Suggestions for Practice. By George B. Hynson, M. A. 415 pages, illustrated. Price, $3.50. Detriot: George Andrew Lewis. 1902.

Mr. Lewis takes the stand that in the vast majority of cases these disorders are of nervous origin without appreciable organic lesions and as such are treatable more by elocutionary methods than by operative, as was formerly thought. The work is devoted to an elaboration of this view and many practical and helpful suggestions are given, including prose and poetical selections especially adapted to the author's methods.

We recommend the work to all having an interest in the subject. In part II, on the cultivation of the voice, Mr. Hynson laments the ill use we so frequently make of that priceless gift, and makes a plea for its better cultivation during youth.

In offering this work to the profession, the author very aptly makes the point that the physician and surgeon are frequently called in by teachers and parents relative to vocal troubles in children, and so should know the possibilities of voice treatment by elocutionary means. We most heartily agree with this idea, and take pleasure in recommending the work. J. M. L.

THE BUCKEYE DOCTOR—A TALE FOR PHYSICIANS AND FOR PHYSICIANS' PATIENTS.—By William W. Pennell, M. D. 345 pages. Price, $1.25. Published by The Grafton Press, New York.

This is a charming little story of a young physician who had "hung out his shingle" in an Ohio town, in competition with two old "quacks." A few cases in which the young man had been called in consultation by the villagers with the older doctors had shown to all concerned the immeasurable superiority of his modern methods. Their envy, hate and jealousy are shown in a thousand petty ways, but the climax of the story is reached in the arraignment and trial of the young doctor for "body snatching," in which he was the victim of foul play. He is, of course, cleared and restored to the confidence of the people. A sweet little love story runs through the whole and adds greatly to its interest.

It is a typical romantic novel, with its intensity of loves, friendships, hatreds, jealousies, its coincidents and rapidly changing scenes, and depends more upon its running narrative style for its pleasing qualities than upon any value as a character study. Two characters of opposite natures stand easily foremost—"Hank Crow," as an example of ignorant, malicious drunkenness, and

"Reuben Cary," that rough diamond whose whole-souled friendship will easily remain the pleasantest recollection of the story.

But it is much easier to criticise than to write, and we ourselves have enjoyed the story quite sufficiently to recommend it to all brother practitioners and friends who like a good story.

J. M. L.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY FOR 1903. —A yearly digest of scientific progress and authorative opinions in all branches of medicine and surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments by eminent American specialists, under the editorial charge of George M. Gould, A. M., M. D., in two volumes. Volume I, including General Medicine. Octavo, 700 pages, fully illustrated. Volume II, General Surgery. Octavo, 670 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Per volume: Cloth, $3.00 net; half Morocco, $3.75 net.

We know of no similar publication, either American or foreign, that can compete in any way with this excellent year-book, published by W. B. Saunders & Co. It is not an indiscriminate collection of extracts and clippings but a digest of scientific progress in all branches of medicine and surgery, embracing every new theory and scientific discovery worthy of consideration. Dr. Gould was wise in his selection of eminent authorities as assistants, the names of which alone are sufficient guarantee of its value. Volume I contains General Medicine, Volume II General Surgery, and can be obtained separately if desired. The illustrations are excellent, there being eleven full-page inserts, besides many text cuts. We strongly recommend Saunders' American Year-Book. R. & L.

SAUNDERS' HAND ATLAS—Atlas and Epitome of Otology. By Gustav Bruhl, M. D., of Berlin, with the collaboration of Prof. Dr. A. Politzer, of Vienna. Authorized translation from the German. Edited by S. MacCuen Smith, M. D., Clinical Professor of Otology, Jeff rson Medical College, Philadelphia. With 244 colored figures, on thirty-nine lithographic plates and ninety-nine text illustrations. W. B. Saunders & Co., Philadelphia and London. Price, $3.00 net.

In this work the author has beyond question attained his object of supplying practically everything of importance in the elementary study of otology. The text is all that could be desired and, taken together with the wealth of superbly executed illustrations, constitutes by far the best work of the kind that has yet been offered to the profession of this country. The volume is in every respect fully up to the high standard of excellence attained in the other numbers in Saunders' series of hand atlases, which is a sufficient guarantee that it will be of inestimable value both to students as a text-book and to practitioners as a work of reference.

R. & L.

SAUNDERS' HAND ATLAS.—Atlas and Epitome of Operative Surgery. By Dr. Otto Zuckerkandl, Privat-docent in the University of Vienna. Second edition, revised and enlarged. Authorized translation from the German. Edited by J. Chalmers DaCosta, M. D., Professor of the Principles of Surgery and of Clinical Surgery in Jefferson Medical College, Philadelphia; Surgeon to the Philadelphia Hospital, etc. With forty colored plates and 278 illustrations in the text. W. B. Saunders & Co., Philadelphia and London. Price, $3.00 net.

In this work Dr. Zuckerkandl outlines in a comprehensive and easily understood manner the rules and methods employed by the best surgeons of the day in practically all important surgical procedures. His descriptions are reinforced by a large number of well selected and excellently executed original cuts. The work is intended chiefly for the use of students and surgeons of limited experience. The author says "those groups of operations whose practice upon the cadaver forms the basis of practical instruction, are described in detail and illustrated in their most conspicuous aspects. Other operations, whose performance falls largely to the lot of the skilled surgeon, and whose practice upon the cadaver appears less important, are described concisely." Altogether the text is excellent and has been ably edited by Dr. DaCosta. However, the illustrations alone are worth many times the cost of the entire volume.

R. & L.

MEDICAL JURISPRUDENCE, INSANITY AND TOXICOLOGY.—By Henry C. Chapman, M. D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College, Philadelphia. Third edition, thoroughly revised, greatly enlarged, and entirely reset. Handsome 12mo volume of 329 pages, fully illustrated, including four colored plates. Philadelphia, New York, London. W. B. Saunders & Co. 1903. Cloth, $1.75 net.

This manual contains the entire course of lectures delivered annually by Dr. Chapman to the students of Jefferson Medical College, which are based on the author's six years experience as Coroner's Physician of the city of Philadalphia. It should serve to stimulate a greater interest in the study of this important branch of medicine. In this, the third edition, revised and enlarged, nothing of importance to either the physician or lawyer has been left out.

R. & L.

SPECTACLES AND EYEGLASSES; THEIR FORMS, MOUNTING AND PROPER ADJUSTMENT.—By R. J. Phillips, M. D., Opthalmologist Presbyterian Orphanage, late Adjunct Professor of Diseases of the Eye, Philadelphia Polyclinic and College for Graduates in Medicine, etc. Third Edition, revised, with 52 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1902. Price, $1.00 net.

The purpose and scope of this excellent little manual is well stated in the author's preface, as follows: "The book, like the

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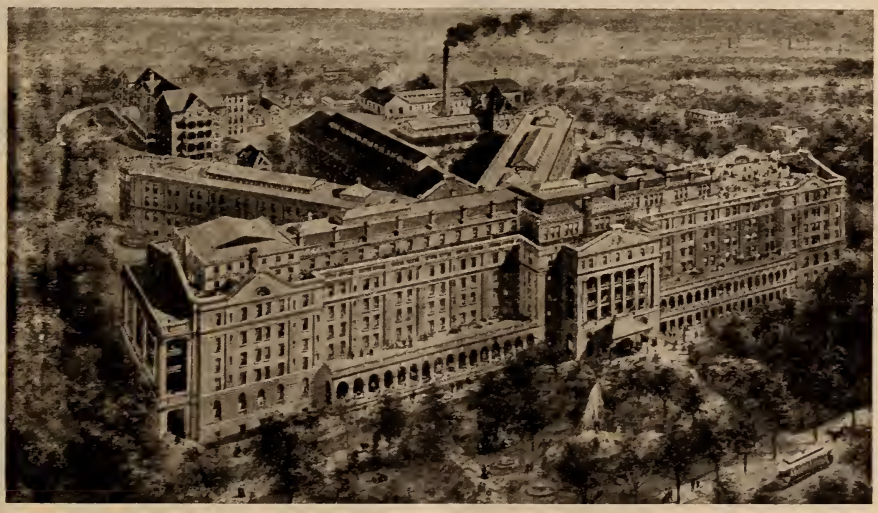

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teaching referred to, is intended to supplement studies in refraction, and to give the student that knowledge of the correct placing of the glasses before the eye, without which the most painstaking measurements of the refraction will frequently fail of practical result." R. & L.

CLINICAL TREATISES ON THE PATHOLOGY AND THERAPY OF DISORDERS OF METABOLISM AND NUTRITION.—By Prof. Dr. Carl von Noorden, Physician in Chief to the City Hospital, Frankfurt-am-Main. Authorized American Edition, translated under the direction of Boardman Reed, M. D., Professor of Diseases of the Gastro-Intestinal Tract, Hygiene and Climatology, Department of Medicine, Temple College; Physician to the Samaritan Hospital, Philadelphia.

PART III.—MEMBRANOUS CATARRH OF THE INTESTINES (Colica Mucosa.) By Prof. Dr. Carl von Noorden, with the collaboration of Dr. Carl Dapper. E. B. Treat & Co., New York. 1903. Price 50 cents.

Professor von Noorden's masterly exposition of the subject of "Membranous Catarrh of the Intestines" covers fully the matter of the etrology and pathology, and treatment of this stubborn disease, and should be in the hands of every general practitioner of medicine. R. & L.

SURGICAL DISEASES OF THE ABDOMEN, WITH SPECIAL REFERENCE TO DIAGNOSIS.—By Richard Douglas, M. D., formerly Professor of Gynecology and Abdominal Surgery, Medical Department Vanderbilt University, Nashville, Tenn. P. Blakiston's Son & Co., Philadelphia, Pa.

This most instructive volume of over 800 pages, illustrated by 20 full page plates, deserves a place in every physician's and surgeon's library.

The author's eighteen years of experience as a teacher and practical worker in the special field of abdominal surgery has admirably fitted him for authorship. This work from a diagnostic standpoint is specially valuable to the physician, and, from an operative and post-operative standpoint is valuable to the surgeon.

The chapter on appendicitis alone is worth the price of the work. The chapter on gall stones is specially interesting. The schema on differential diagnosis and the method of arranging same brings out all the confusing points so clearly that one could hardly make a mistake. On the whole the book is exceedingly well gotten up—presented to its readers in choice, descriptive language.

The illustrations are all good, most of them of special value on account of their bearing on relational anatomy. R. & L.

NEW MEDICAL BOOKS.

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excellent medical books are contained therein. The catalogue will be sent upon request to the address of any physician in need of books.

A Text-Book of Physical Diagnosis. For students and Practitioners of Medicine. By Egbert Le Fevre, M. D., Professor of Clinical Medicine and Associate Professor of Therapeutics, University and Bellevue Medical College, Attending Physician to Bellevue and St. Luke's Hospitals, etc., New York. 12mo, 440 pages, with 74 engravings and 12 plates. Cloth, $2.25 net. Lea Brothers & Co., Philadelphia and New York.

Dr. Le Fevre is to be complimented for having so cleverly condensed so much valuable knowledge between the covers of his little text book on Physical Diagnosis. It is of special value to the student as well as the busy practitioner and is admirably fitted for review work. His directions in the methods of physical examination are full and explicit; the significance of same are dealt with in no small degree. Chapters directed to disease of the viscera contained in the thoracic cavity are especially worthy of note. The author also covers the latest results in X-ray diagnosis, including 12 full page plates. R. & L.

Progressive Medicine. Fifth Annual Series. Volume II, June, 1903.—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 427 pages, with 46 illustrations. Per volume, $2.50, by express prepaid. Per annum, in four cloth-bound volumes, $10.00. Lea Brothers & Co., Publishers, Philadelphia and New York.

This number of *Progressive Medicine* contains a timely article on "The Surgery of the Abdomen, Including Abdominal Hernia," by Dr. Wm. B. Coley, a well written section on "Gynecology," treating chiefly the various phases of cancer of the uterus, by Dr. John G. Clark; a section on "Diseases of the Blood," by Dr. Alfred Stengel; and a section on Ophthalmology, edited by Dr. Edward Jackson. The illustrations are numerous and excellent.

R. & L.

King's Manual of Obstetrics.—By A. F. A. King, M. D., Professor of Obstetrics and Diseases of Women, in the Medical Department of the Columbian University, Washington, D. C., and in the Medical Department of the University of Vermont. Ninth edition, revised and enlarged. In one 12mo volume of 628 pages, with 275 illustrations. Cloth, $2.50 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1903.

In his preface Dr. King says: "The chief purpose of this book is to present, in an easily intelligible form, such an outline of the

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LEA'S SERIES OF MEDICAL EPITOMES—MANTON'S OBSTETRICS.—A Manual of Obstetrics for Students and Practitioners. By W. P. Manton, M. D., Adjunct-Professor of Obstetrics and Professor of Clinical Gynecology, Detroit College of Medicine. In one 12mo volume of 265 pages, with 82 illustrations. Cloth, $1.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1903.

A surprising amount of important information is contained in the 265 pages of this little manual. The book will prove to be a boon to the overworked medical student and to the graduate who finds it necessary to refresh his memory on the essentials of Obstetrics in making preparation for State board and other examinations. R. & L.

VEASEY'S OPHTHALMOLOGY.—A Manual of Diseases of the Eye. For Students and General Practitioners. By Clarence A. Veasey, A. M., M. D., Demonstrator of Ophthalmology in Jefferson Medical College, Philadelphia. 12mo, 410 pages, with 194 engravings and 10 full-page colored plates. Cloth, $2.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

This is a conveniently arranged, well written, and authoritative work on practical ophthalmology, and is likely to prove of more value even to specialists than are most of the larger and more pretentious works on the subject. The author has wisely avoided lengthy and profitless discussions on unsettled theories, thus saving space for a consideration of matters of practical importance to men engaged in actual practice. R. & L.

LEA'S SERIES OF POCKET TEXT-BOOKS—ANATOMY.—A Manual for Students and Practitioners. By William H. Rockwell, Jr., M. D., formerly Assistant Demonstrator of Anatomy in the College of Physicians and Surgeons, Columbia University, New York. Edited by Bern B. Gallaudet, M. D., Demonstrator of Anatomy, etc., in the College of Physicians and Surgeons, New York. Illustrated with seventy engravings. Lea Bros. & Co., Philadelphia and New York. 1903.

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John Moir, L. R. C. P. and L. R. C. S., Ed., in *The Therapist*, London, says: "Latterly I have been using heroin very extensively in tablet form in combination with antikamnia, and found the combination to act charmingly, both for relieving pain and in procuring comfortable, restful sleep, so very desirable and necessary after sleepless periods, caused by a protracted, irritable cough. The soothing rest in these cases was also characterized by a light but well-marked fall in temperature; but the greatest benefit of all in this treatment is that, although the distressing frequency of the respiration was reduced, it was stronger and heavier and less spasmodic, with a beneficial effect upon the heart at the same time. The tablets I use contain antikamnia five grains, heroin hydrochlor. one-twelfth grain, and were given every two, three or four hours, in cases of cough, bronchitis and respiratory affections generally, according to the severity of the symptoms, but usually one tablet every three hours. I found that the respiration was rendered easy, the expectoration was loosened without difficulty, and sleep was more readily obtained than with morphine, and unlike morphine, there were no after effects. I have, personally, been taking antikamnia and heroin tablets three times a day for an irritating cough, with occasional inclination to breathlessness; so that I have every reason to be thoroughly satisfied with them as sedatives and calmatives."

THE

TEXAS MEDICAL JOURNAL.

ESTABLISHED JULY, 1885.

PUBLISHED MONTHLY.—SUBSCRIPTION $1.00 A YEAR.

VOL. XIX. AUSTIN, NOVEMBER, 1903. No. 5.

Original Contributions.

For Texas Medical Journal.

The Effect of the Higher Education of Women on Wifehood and Motherhood.*

BY J. W. CARHART, M. D., AUSTIN, TEXAS.

The question of the wifehood and motherhood of a nation is a questions of ethics, religion, intelligence, commerce; and, in fact, of the life and perpetuity of the nation itself. As the mother moulds the man; and as the hand that rocks the cradle rules the world, so the destiny of all men is involved in the subject we propose to discuss for a short time. It is plainly, then, worthy of the hour, the place and the occasion, and challenges, for the time, our best powers.

In order to a clear and satisfactory view of the subject, we are compelled to do more than look at the surface of things. Mere facts will not alone furnish data for wise conclusions. Psychological conditions and laws must be studied; and the ever-interesting question of the relation of mind and matter must come within our purview.

He who has neither time, disposition or ability to make these explorations will not be profited by our inquiry. Some may listen, *more canino* by the ever-uppermost idea—the sexual. But the sexual sense may be narcotized, for the time being, while we give our views of the effects of the higher education of women on wifehood and motherhood.

*Read before the Austin District Medical Society, September 28, 1903.

This question is now attracting wide attention among thinkers, and is being discussed by men and women of different callings, character and capacities.

The educator is speaking from his standpoint. But his vision is circumscribed, and too limited, and is apt to show the effect of self-interest.

In *The World's Work* for August, Dr. J. M. Taylor, President of Vassar College, writes on "The Education of Women," discussing especially the bearing of the higher education on the life of women and on their attitude towards marriage and the home. He claims that the health of college women improves during the four years of the college course, and he believes there is little or no bearing upon the matter of marriage and the home; nor does he find, after studying the statistics, that coeducation contributes to favor marriage more than the independent college. In short, he argues that there is nothing in the college training of American women to produce abnormal results.

That Professor Taylor is honest goes without saying; and yet his views may have taken too narrow a scope, and may be, and doubtless are, warped by his vocation.

Of the entirely opposite view is Margaret Bisland, who attempts to show that the tendency of American institutions is directly at variance with the natural maternal instinct which is cherished among Asian and European peoples. The results are seen in our diminished families and in the weakening of the marriage tie. We fail or refuse to see the violently reactionary influence upon the race of that tendency of our Occidental civilization which, in withdrawing the women more and more from their home, tends to destroy the true balance of the physical and moral forces between the sexes. The most marked and deleterious effect of American civilization upon women is the false energies and abnormal ambitions it excites in her life. Her endeavor is no longer for the realization and clarification of her sex in its femininity. The education she receives tends to render her either contemptuous of, or indifferent to, her own peculiar forces and their normal expression. For them she not only strives, but is encouraged to substitute an individuality which is purely hybrid and unessential—a grotesque falsetto masculinity.

I ask your forbearance while I quote another author, Professor J. Jessieu, who, writing on *"Le Krach de Intellectualle,"* records the failures of femininism, and of coeducation in particular. He points out that even women's colleges recruit their professional staffs from among men, and claims that women have shown them-

selves decidedly intellectually inferior. The question of the rights of women has nothing to do with the question of intellectual quality. Legitimate femininism's object is to see that society shall make women suffer as little as possible from their natural inferiority; in other words, shall play the part of a society for prevention of cruelty to animals. But intellectual femininism, as tested in America, says Professor Jessieu, has proved a failure.

After giving, at some length, different views of different authors from different view-points, we have to say that we have opinions of our own which we desire to express; not as to whether women are intellectually inferior or superior to men, nor whether they are capable of maintaining themselves, intellectually and financially, in the professions. Others have given emphatic expression of their views on this subject; as, for example, was done by the trustees of the Woman's Medical College of the Northwestern University, at Evanston, Illinois. Their expressed and emphatic reasons for closing said college was the fact that, in their opinion, women had proved themselves failures in the medical profession.

The education of women may properly be divided into the lighter education and the higher education.

Under the lighter education may be considered music, painting, drawing, needlework, botany, rhetoric, common English, and, perhaps, modern languages.

The higher education would include the higher mathematics, Latin, Greek, and one or two of the modern languages, such as French, Spanish or German, physiology, physics, chemistry, geology, history, philosophy, psychology, biology, astronomy, with possibly several other branches. In short, it embraces the idea of a regular college course, the same as for men.

Such an educational course contemplates a preparatory course of, say, two years, followed by a college course of four years, of close, consecutive, hard mental application, under constant strain of competition and examinations.

The question is not one of coeducation, or independent education. It has long been our opinion, from experience and observation as a teacher, both in schools of coeducation of the sexes and in at least one female college, that, while the plan of coeducation develops a more normal sexual life, the separate education of women develops an abnormal sexual life, overstimulating by the excitement of the imagination, or that lack of self-control engendered by the presence and society of the male sex.

It is a fact, seemingly not generally known, that the study of

music, poetry and the fine arts, such as painting, sculpture, landscape gardening and needlework, develops the sexual life, or passions, as does rhetoric and oratory; whilst the study of the exact sciences, particularly the higher mathematics, such as algebra, geometry, conic sections, trigonometry, surveying, navigation and astronomy, has the opposite effect.

Close, hard, long-continued study dwarfs the sexual life. Many college professors have few or no children. Impotence with this class is not uncommon. This has become so noticeable as to attract the attention of leading educators.

When at the New York Polyclinic, many years ago, the late Paul F. Mondé told me that he had nineteen female school teachers under his professional treatment, nearly all of whom were suffering from infantile uteri.

My own observation as a practitioner of medicine for a quarter of a century, in which I have paid considerable attention to the treatment of diseases peculiar to women, has shown that many, if not most, literary and educated women coming under my care were suffering from some form of retarded development of the reproductive organs. Thousands of such women marry, from one consideration or another, while many more thousands do not.

There is in comparatively few of these the real "homing instinct." Many of them may, in a manner, be good housekeepers, but lack the native instinct to cultivate, develop and maintain the home life, so essential to true happiness and the development of a great nation and people.

There is a manifest aversion to the production of children, even when there is a full capacity, and as a result there is a lack of the reproduction of the better classes, a condition which our strenuous President has fittingly denominated "race suicide."

The facetious remark that, in Boston, the self-assumed seat of culture, children are born with two-story heads with mansard roofs on, is scarcely worth our notice, except as an illustration of the fact that, as human beings rise in the scale of intelligence, the infant brain and cranial developments are greater, thus enhancing the sufferings of the mother at parturition, and increasing the dangers attending maternity. It is, therefore, not surprising that women of the higher education shrink from the ordeal.

The Indian woman, feeling the pangs of parturition, steps out of the line of march into some favoring shelter, gives birth to her baby, which she picks up in her apron, trudging on, with accelerated step, to overtake the procession.

The *rationale* of genito-urinary conditions consequent upon undeveloped uteri in women of severe mental application in the study of the branches of a college education is, to my mind, easy of explanation.

The physical law of the tendency of blood to those parts of the human economy subject to greatest activity is well understood. In intense application of the mind, the blood tends to the brain, which is thereby nourished and strengthened for its proper functions. After a hearty meal the blood tends to the stomach for its nourishment, that it may properly functionate. The woman who applies herself to the mastery of the higher branches of knowledge, more particularly the mathematics, must, for considerable periods, follow lines of close, consecutive thought, diverting thought and blood from the sexual organs, thereby interfering with the nutrient supply essential to the full and complete development of the reproductive organs. This condition, in time, becomes a habit, and the usual unpleasant consequences follow. The condition of anæmia or of hyperæmia is prejudicial to health and the right function of a given part.

The woman of wealth, luxury, ease, pleasure, self-indulgence and mental lassitude, by the very force of abnormal conditions, dwells on sexual subjects, thereby stimulating her sexual life to the high-water mark of absolute intolerance, which Count Tolstoi has so vividly depicted in his "Kreutzer Sonata."

This protracted sexual hyperæmia is as destructive of health and morals as the opposite is of healthy wifely and motherly instincts.

I would not, on any consideration, place myself on record as opposed to the education of women. I would not take the ground, at present, that they are intellectually inferior to men, although science has demonstrated that the average female brain weighs five ounces less than the average male brain. The average weight of the male brain is forty-nine ounces, and the average weight of the female brain forty-four ounces. The heaviest normal male brain weighed sixty-five ounces, and the heaviest normal female brain weighed fifty-six ounces.

These demonstrated facts must be taken into consideration by those who discuss the question of comparative mental ability, although they may not be absolutely conclusive in themselves.

I am not opposed to women enjoying all the rights calculated to promote their best interests and the interests of the race. But I do maintain that, whilst there are exceptionally endowed women, like Mrs. Browning, George Eliot, Phœbe and Alice Cary, and Miss

Francis E. Willard, who ought to develop their mental powers to their utmost, for the good of humanity, even at the sacrifice of the wifely and motherly instinct, we believe that we are pressing the matter of the college education of women, along the usual lines prescribed for men, at the cost of those more lovely, beautiful, wifely and motherly "homing instincts" which are the crowning glory of womanhood, and which are becoming more and more valuable as women rise to their essential dignity and grandeur as a factor in developing the American nation to God's idea of a great and typical republic.

The rose may be developed to such queenly perfection as to lose its reproductive powers; the orange may be cultivated to such golden fruitage as to become seedless; the strawberry, than which God might have made a better, but never did, may reach a perfection which carries it beyond the point of fecundation.

What is true in the vegetable world is true also among the human species. Man has never reached a point beyond which he could not develop. A late French writer holds that animals are superior to man, because they perfectly answer the end of their being, whilst man does not. How far man may be developed, mentally and physically, is impossible to tell. The growing of men and women is an art and a science, and must be pursued along rational lines.

We now have schools of every description, except for the training of women for wives and mothers. Such schools will be established, and will cover a wide field in their curriculum. They will teach rational methods of attracting the opposite sex—the relation of lovers, and ethics governing them; the relation of husband and wife, their liberties and limitations; the power and influence of woman, as lover, wife and mother; the relations of the mother to the State, church and all eleemosynary institutions and enterprises; her relation to son, daughter and servant, together with instructions in hygiene of person, home and family. Also the moral and intellectual education of husband and children, and the care and nursing of the sick.

This is not as Utopian as might at first sight be supposed; nor is it altogether original, for much of this was taught, in a modified form, by the Athenians, who developed a manhood and womanhood beside which ours seems inferior.

This is a broad subject, which educated physicians can not afford to relegate to quacks, nor even to the teachers of science and general learning.

Correspondence.

Contagious Diseases and County Newspapers: Unsanitary Conditions of Towns.

MT. PLEASANT, TEXAS, October 10, 1903.

Editor Texas Medical Journal, Austin, Texas.

DEAR SIR: I wish to say a few words about county newspapers as regards their relation to the people of the county in which the paper is published.

If I mistake not, every newspaper has the privilege of mailing the paper to actual subscribers within the county free of any postage or expense of carriage in any way. The United States government has granted this favor to these newspapers so that all the citizens of the county may become better informed and acquainted on local and general news, especially local news.

During the past three years a great many county newspapers have omitted giving all county news, which news would have been of vital interest and benefit to the people in the rural districts, also to the trades people of the town. I refer to contagious diseases; the existence of which all people should know. But, in too many instances, the people have been kept in the dark from the fact that the papers have been silent upon the subject; particularly smallpox—and why? Simply because they have been interviewed by some number of men who pay occupation tax that permits them to merchandise in goods, wares, etc., etc.; but are persuaded to believe the tax permits them to trade in human life, whereby the goose that lays the golden egg may lose her life. In other words, threaten to boycott the publisher if he publishes any smallpox news. I have been told by the editors of two papers that they were threatened, by merchants, also two publishers of newspapers in one of our neighboring States made oath in court that they were threatened with financial loss, and further informed that any smallpox news in their paper would not be tolerated in any way by the merchants of their respective towns.

Now, if the United States government can grant this franking privilege within the county to all newspapers published within their respective counties for the purpose of informing the citizens upon subjects and information that is their right, there is a moral obligation as well as a legal one. In the neglect of thus performing the obligation on the part of the newspapers to the citizens,

could not the United States government remedy it, at least so far as letting the paper pay postage?

There are thousands of pounds of newspapers each week sent out, through the postoffice, into the counties of Texas free of postage or expense to the publishers.

So, if these papers accept this favor from the government, could not the government exact of these newspapers, in fact all accepting and using this franking privilege, to publish in their regular weekly issues a full report for the county of all contagious diseases; the report to be obtained from the county judge, as reported to him by the county health officer, and in default the franking privilege be withdrawn from such papers?

Well, we are done with the newspapers. Now we wish to turn our attention to town and city governments. There is scarcely a town or city council that does not pay particular attention to having the streets kept clean, but lose all sight of the back yards of dwelling houses and of store houses, also drains containing filthy mud and water. When we stop to consider the wide spread of typhoid fever, we find it alarmingly great, affording, next to consumption, a fearful mortality. A large percentage of this disease could be prevented by our municipal authorities. If not by them—by reason of their lack of knowing how—then should they appoint a municipal health board who do know how, and whose duty it should be to have all unsanitary parts of the town put into a clean and sanitary condition and kept so.

Think of how many wells and cisterns are made the focus of cause of typhoid fever, when by a little exercise of law it could be prevented.

The strength of our nation lies in the health of our citizens. So let us try to clean and clear up our back yards and obtain free drainage.

Smallpox and typhoid fever are not all the diseases to be looked after, for we have others of equal importance. It appears, judging from the past, that our commissioners are not in full realization of the importance of sanitary work; so it becomes our duty to wage a warfare on all sources of danger—beginning at the county commissioners and on up to the Legislature. One citizen has no right to endanger the life or health of another citizen by an unsanitary condition of his premises, and when such conditions do exist, and they do, the law should be enforced against such offender. Clean up, clean up, or get out. Let all offenders of sanitary law be educated to a sense of duty to themselves and the balance of mankind.

W. H. Blythe, M. D.

"The Physician in Relation to the Homeopath" in Practice.

[The following letter from Dr. A. N. Perkins, "The Sage of Sabine," one of the fathers in Texas medicine, I publish with pleasure. The doctor takes strong issue with the editor of the "Red-Back,"—and that's something I like; confound a fellow who always agree with you,—there's never a chance for a scrap. I'm going to "let it go at that," however, this time.—DANIEL.]

SABINE PASS, TEXAS, October 17, 1903.

F. E. Daniel, M. D., Editor Texas Medical Journal, Austin, Texas.

DEAR DOCTOR: I have just read your editorial on the physician and the homeopath, and principles of ethics, substituted for the old code.

While I recognize you as one of our ablest medical writers, and greatly admire you as a high-toned gentleman, I hope you will pardon me when I say I think sometimes your hatred of sectarianism, especially your prejudice against the homeopath sect, causes you to take extreme positions and subjects you to the charge of being illiberal. Take, for instance, the supposed consultation: "Two homeopathic physicians are up against a breech presentation, and confess their inability to deliver. The family send for two physicians; one gives chloroform, the other delivers, and the family elects to retain the homeopath in charge."

"The physicians are dismissed," you say, on a case of this kind. "The physicians did right in delivering the woman, but they ought to have demanded, before attending the case, the dismissal of the homeos, who has confessed their inability to deliver." I do not agree with you, and I do not believe a majority of intelligent physicians will sustain you.

In the first place, the educated homeopathic physician has no exclusive system of obstetrics. He recognizes the same mechanism of labor that the regular physician does; he is taught the same principles. In the second place, when a physician asks for a consultation, he does not by so doing confess his ignorance nor does he confess his inferiority to the man with whom he wishes to consult; he only asks for assistance, oftentimes satisfied the case is progressing well. The consultation is desired to satisfy the anxiety of the family and friends.

I think in a case of this kind there should be no drawing of lines, but a recognition of each other as members of the medical profession, devoted to the alleviation of human suffering. It may,

I think, under some circumstances, be proper for a regular physician and a homeopath to meet in consultation to determine a diagnosis.

There should be peace and harmony among men devoted to the alleviation of the sufferings of humanity.

Yours truly,

A. N. Perkins, M. D.

The Yellow Fever Epidemic at Columbus, Texas, October, 1873. Letter from Dr. J. M. Bowers, of Columbus, to Dr. C. O. Weller, of Austin.

Dr. Weller has kindly placed Dr. Bowers' letter at my disposal, with Dr. Bowers' permission to publish it. As it bears on the subject now foremost in the minds of the profession of Texas, and seems to show that the mosquito was not the factor in the introduction and spread of the fever at Columbus, it will be read with interest. Second and numerous cases occurred after exposure to first case—the Swede—in less time than it is possible for the mosquito to "ripen" and inoculate a person and then the period of incubation (seventeen days in all, I believe it is agreed, is the minimum.) It seems, further, to prove that there is some connection between yellow fever and dengue, as dengue was prevailing in Columbus at the time the Swede came into town from Shreveport, where yellow fever was then epidemic. There is a discrepancy in Dr. Bowers' dates. He says that he thinks it was October 10th when the man died. Further on he says that he went to Tom Oakes', near Glidden, the morning the Swede died, and returned on October 18th. As Glidden is only a few miles away, and Dr. Bowers returned in a few hours, the latter date must be correct. It coincides also, or nearly so, with Dr. Weller's recollection. Dr. Weller says the Swede died on October 15th, and that he (Dr. Weller), was attacked on 19th. Dr. Bowers adds: "That night (18th) I went to see Sachs, and the fever was epidemic."

So that we see the infection introduced into a city not earlier than 12th, and the fever raging as an epidemic by 18th, six days.

Columbus, Texas, October 28, 1903.

D. C. O. Weller, Austin, Texas.

Dear Doctor: Your letter to hand, in which you ask me about the yellow fever epidemic at this place in 1873. Not being able to

write on account of cataract in both eyes, I am compelled to dictate you this letter. So much for that.

The man who introduced the yellow fever here came from Shreveport, where the fever was prevailing at the time. He stopped at McDonald's boarding house, which was located just south of the court house, and went to your drug store and bought a dose of salts, returned to his boarding place, took to his bed and never left it again. He was for six or seven days without physician or attention. I attended a railroad man in the next bed to him, who had malarial fever, and who got well. When I discharged him the boarding house keeper asked me to see this man, who, by the way, was a Swede. I did so, and found his bed full of black vomit; the color of his skin, a dirty yellow; blood oozing from his nose and gums, and evidently nearing his death. He had all the symptoms of yellow fever—a disease with which I was well acquainted, having been through epidemics at New Orleans, Houston and Matamoros, and I could not easily be mistaken about his case. Upon leaving the case, some of the leading citizens came and asked me about it, and I told them it was yellow fever. They told me that I was bound to be mistaken, and that I was injuring the town. I told them that I did not make the yellow fever or bring it to town, but that the case was undoubtedly yellow fever. The man died in about two hours after I saw him, and was buried immediately. I think this was the tenth day of October, 1873, and he had been here five or six days. On the day of his death I was called out of town to see Tom Oakes, who was dangerously sick, and remained with him until about dark on Saturday, the 17th. About two hours before day, of the 18th, you came to my house and called me up and wanted me to go and see some cases you then hand on hand. The first place you carried me to was to see a man named Sachs, near where J. N. Binkley then lived, in the south part of the town. Upon our arrival at the house we found the man had just died. There was a big bowl of black vomit sitting by his bedside. I took the light and looked at him closely. I found his gums spongy and bleeding, and the color of his skin a dirty yellow. I remember filling a bottle with the black vomit and putting it into my pocket, to be examined at my leisure. From this house you then carried me to the passenger depot—one room of which was occupied by the telegraph operator—to see the operator, who was named Russell, I believe. We found him sick in bed. I examined him very closely, and upon leaving pronounced it a case of decided and fatal yellow fever. Russell died before noon of that day, which was Sunday, October 18, 1903. You asked

me what was to be done, and I replied, proclaim it epidemic, as it was in both ends of town, so that the people could leave. Which they did. About eight or nine o'clock that morning Dr. Jo Brown requested me to go with him to see some of his cases. He carried me to McDonald's boarding house—where first case, that of the Swede, had died—where I found six men down with yellow fever, being all of the boarders at the house, all of whom died before the night of the next day; that is, the night of the 19th. One young man, Lacy, had left the house and gone to his grandfather's house, in another part of the town, where he took the fever and died, as did also his grandmother. From this time the fever spread rapidly all over town, and killed some of our best citizens. You and W. T. Burford were among the earlier cases, and both recovered. Negroes were singularly exempt from the disease, there being but four deaths among them—all mulattoes. The last two cases occurred on Christmas day, a Mr. Shuttlewurse and mulatto boy, both of whom died on the thirty-first day of December, 1873. Many people took the disease after they had fled the town, and some eight or ten deaths occurred among these, but in no instance was the fever communicated to those with whom they stayed. The total number of deaths was one hundred and one.

I am sorry that I can not give you a better and clearer account of the epidemic, but it has now been a long time ago. I remain,

Your friend,

JOHN M. BOWERS.

Dr. Weller wrote to Dr. Bowers, asking if he were not mistaken as to date of the several deaths. The following is Dr. Bowers' reply:

COLUMBUS, TEXAS, November 5, 1903.

C. O. Weller, M. D., Austin, Texas.

MY DEAR DOCTOR: As a matter of course an old man, 86 years old, has not as good memory as yours, but I think you are mistaken about the Swede's death. The morning he died I went to Tom Oakes', near Glidden, and returned on the eighteenth of October, 1873. That night I went to see Sachs, and the fever was epidemic.

Tell Dr. Daniel I have no objection to his publishing any part of my letter. As a matter of course it was not written for publication, or it would have been written better.

Your friend forever,

JOHN M. BOWERS.

THE

TEXAS MEDICAL JOURNAL.

AUSTIN, TEXAS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITED AND PUBLISHED BY
F. E. DANIEL, M. D.

ASSOCIATE EDITORS:

WITTEN BOOTH RUSS, M. D., San Antonio, Texas.

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Published Monthly at Austin, Texas. Subscription price $1.00 a year in advance.

Eastern Representative: John Guy Monihan, St. Paul Building, 220 Broadway, New York City.

Official organ of the the West Texas Medical Association, the Houston District Medical Association, the Austin District Medical Society, the Brazos Valley Medical Association, the Galveston County Medical Society, and several others.

THE SITUATION: A PARADOX.

On the 12th of Ooctober there had been at Laredo, as per official report, 210 cases of yellow fever, and 10 deaths—5 per cent. On the 12th of November there had been 789 cases and 78 deaths—10 per cent. True to the history of the disease, it has "grown with what it feeds upon," and has raged like a fire, and is, at this writing, still raging, and it will continue to rage so long as there is material to feed it. In the first thirty days there occurred 211 cases. In the next thirty days there occurred 579 cases. The ratio of deaths to this accession was (579 cases, 68 additional deaths) 12 per cent. At this writing (November 12th) new cases are occurring at the rate of twenty to twenty-five a day. Every house in Laredo has been fumigated. I infer that the fumigation has included the use of pyrethrum, the best mosquitocide. The town has been cleaned up; screens and bars have been "used for all they are worth"; oil has been repeatedly put on over 2000 barrels and cisterns of water, and all stagnant water had been drained. United States government and State experts have been constantly on the ground, and every resource known to science has been brought into action to arrest the spread of the disease, all in vain.

If the mosquito is the sole means of spreading the fever, why has the fever steadily and rapidly spread despite these efforts?

Meantime the infection got out of Laredo, somehow. Five cases occurred near Cuero, three fatal. Two hundred occurred at Minerva, with a pretty heavy mortality.

It was introduced into San Antonio, so it is said, under conditions pre-eminently favorable to its spread—that is, under similar and even worse conditions than existed at Laredo.

The history of every epidemic of yellow fever of which I have any knowledge shows that when the poison is introduced into a locality where there are a large number of non-immunes, in a warm climate, in hot weather, an epidemic occurs, and it has never been known to be (I had nearly said "stamped out") arrested. It was introduced into San Antonio under those circumstances. There were many thousand visitors in the town, all presumably susceptible. It is a semi-tropical climate. The weather was hot and remained so, and still is far from cool; the sanitary condition was bad; a large contingent of the resident population are, as in Laredo, very poor, dirty Mexicans, who live on scant and unwholesome rations, and the best possible breeding ground for mosquitoes is afforded by the dirty little serpentine stream that winds around and around through the town, stagnant in many places in summer. In fact, there was every reason to believe and fear that in thirty days from the occurence of the first case there would be an epidemic of fearful proportions raging there, and as the visitors scattered all over Texas at the first alarm there was serious reason to fear a repetition of the death-dealing widely-scattered epidemic of 1867, which invaded most of the Texas railroad towns south of 32 degrees latitude. Fortunately these anticipations were not realized, and the escape, in my opinion, is as remarkable as it is happy. The fever has gone back on its record. It did not become epidemic in San Antonio. Why?

The experience at Laredo, it seems to me, has demonstrated the incorrectness of the claim that the mosquito is the only factor in spreading the disease. Had it been, it would (or rather should) never have become such a raging epidemic. The authorities should have been able, with the measures used, to restrain it; and while I have not seen any of the cases diagnosed as yellow fever at San Antonio, and am not in position to give an opinion on that point, and can not say as did the old preacher, "I beg to differ with Brother Paul," reasoning upon the history of epidemics, with which I am personally somewhat familiar by experience, I will say the fact that the disease did not spread furnishes presumptive evi-

dence that there might have been a mistake in the diagnosis. The physicians at San Antonio are not by any means a unit on the subject.

If the mosquito is the sole agent in yellow fever epidemics, why did they not spread it in San Antonio? They were not as effectually dealt with as in Laredo.

DOCTORS AND DOCTORS.

"Be Good," "Do It Now." This is the "strange device" stamped on about a thousand little red-wing reminders I sent out lately to my subscribers, that it takes money to get up and mail them every month the livest and liveliest medical journal anywhere. The great majority of them responded promptly, cheerfully and with a pleasant word, for all of which God bless them. My fears are measurably allayed thereby, that the cold, chilling winds of December would nip the toes of Betty and the baby before I could buy them some shoes and stockings. Those fellows are the Old Guard. I never have to call on them twice. But, do you know, "gentle reader," that there are a lot of doctors—happily in the minority—who are so confounded stupid, or pious, or glum, that they have no sense of humor, and can't take a joke? You've got to talk "United States" to them, with the bark on. Some of them get mad at being requested to "do it now," to "be good." They stop their subscription—that is, a few of them take the journal out of the office year after year, and when I send them a bill, about twice a year, they are like brer fox in Uncle Remus' story of the Wonderful Tar Baby, they "keep on ain't sayin' nothin' "; and by and bye I draw a draft on them, and whoopee! how mad some of them do get, to be sure. They make all kinds of claims: "Only subscribed for one year," "didn't get it regular," "bill not correct;" and one fellow, of whom I had a high opinion, wrote on back of draft "I won't pay it." Well, most of these fellows I scratch off and write opposite their name in blue pencil "D. B." Funny thing. "Honesty is not only the best policy, but it pays best," as the fellow said, adding, "I have tried both." "Dan'els," as many call ye editor of the "Red-Back," is often, very often, consulted by insurance companies, manufacturers, mine owners and others—sometimes even by Governors—who have occasion to appoint or employ a doctor or so. There came the general manager of a big insurance company into my office lately and said: "Dan'els, do you know Dr. Bigike, of Bigikeville?" "Yes," I said. "What do you know about him?" "I know that

he beat me out of five years' subscription to the 'Red-Back,'" I said, dropping a tear about the size of a biscuit. "That's all I wanted to know," said the insurance man, and walked out.

Then there's another fellow writes: "Please discontinue the 'Red-Back.' Im very fond of it, but I am doing it and myself an injustice in taking it, as I never have time to read it." God pity the man who has not time to read a medical journal—and his patients! As Major Pendleton, the famous Confederate artilleryman, would say before the command "fire," "may the Lord have mercy on them." I wrote this party that he was right; he oughtn't to try to read. A man as busy as he needs all his leisure—if he has any—to rest his brain. I advised him to do it, for fear of a sudden rush of ideas to the brain with fatal results.

The live medical journal is to the practicing doctor what the daily paper is to the business man. A doctor who takes no journals, or, what is the same thing, accepts one when ordered and sent him, but refuses to pay for it, is not worthy of the confidence of any community.

Now, I hate to have to tell these things, but, strange as it may seem, there are doctors in Texas who pass as very respectable, who will repudiate a little subscription bill of two, three, five dollars, after having received the journal all those years; and I have indulged them, unasked, for they simply ignore the bills. Five years to wait for a dollar—a year subscription. There are some who, by reason of poor collection or short crops or other causes, really can't pay. When such a person does me and himself the common justice to say so, nothing gives me more satisfaction than to indulge him. If you can't "do it now," boys, say so, and we will "run the keerds."

The Transactions of the State Medical Association of Texas for 1903, just issued from the press of The Von Boeckmann-Jones Co., Austin, is in the nature of a stunner. It lays over anything in the way of society transactions extant. It is a strikingly handsome book of viii+635 pages, printed on heavy white paper, in clear new type, and the copy sent me is bound in black Morocco and gilt, with my name on the cover, a presentation copy. Thanks, Dr. West. It contains a full report of the San Antonio meeting in every detail, excellently reported and ably edited, and is singularly clean of typographical errors. Much credit is reflected on the Association, on its excellent Secretary, Dr. H. A. West, of Galveston, on the printers and binders (the great Austin house of Von Boeckmann-Jones Co.) for it is a "show specimen" of high typographical

art. Of the contents I can not now speak. It is chuck full of interesting "papers," some of them being of extraordinary value and importance. This book in every respect is a credit to Texas. Hurrah for Texas, "on general principles."

News and Miscellany.

LINEN UNDERWEAR is much more comfortable and hygienic than flannel. Flannel will not absorb perspiration and the wearer has frequently a damp or wet skin, and, of course, easily catches cold. Underwear should be boiled to sterilize and cleanse it. Flannels will not bear boiling; they shrink every time they are washed until they become as thick as leather, and as impervious. The editor of this journal personally recommends the Deimel Linen Mesh Underwear. It is a luxury. Since discarding flannel and using the Deimel Linen his health has greatly improved. The famous Deimel linen undershirts and drawers may be ordered direct from 491 Broadway, or from Smith & Wilcox, Harrell & Klein or Scarbrough & Hicks, Austin.

THE EAST TEXAS MEDICO-CHIRURGICAL SOCIETY will hold its regular semi-annual meeting at Palestine November 19th and 20th, inst. This is one of the largest district societies in the State and numbers amongst its members some of the ablest men in the profession. It is a delight to attend its meetings, but "Dan'els" has to cut it out this trip. Too many drafts for delinquent subscriptions coming back unpaid.

THE yellow fever mortality at Laredo to date (November 12th) has been about 10 per cent—789 cases and 78 deaths; at San Antonio, 18 cases reported and 7 deaths—about 40 per cent. At Linares and Monterey, Mexico, it is said to have been about 50 per cent. How is this difference to be accounted for?

THE JOURNAL'S friend, Dr. J. F. Eaves, of Millican, Texas, demonstrated before the Brazos Valley Medical Association, at Hearne, this week a new operation for intestinal anastomosis and resection. It was my misfortune to not be present. The Brazos Valley Medical Society embraces a large number of very excellent and progressive men, and they are up to date, you bet. I hope to publish Dr. Eaves' paper.

THE new pathologist of the Medical Department of the University of Texas, who succeeds Prof. Allen J. Smith, is Dr. Alfred E. Thayer. He is a graduate of the Medical Department of Columbia University, Class of 1884, and took special courses in pathology under the famous teachers in Gottingen and Vienna. He was at one time professor of pathology in the University of Virginia. At the time of his election to the chair of pathology in the Texas Medical College he was instructor in pathology and bacteriology at Cornell.

MISS LUCILE GARWOOD, the bright young daughter of Dr. A. Garwood, of New Braunfels, recently read before a local literary club a paper on "What I Know of Detention Camps, Disinfection and Mosquitoes," which was much applauded. It was said to be a "hit," and gives promise of real literary talent. Miss Lucile had been to San Antonio and the quarantine caught her.

THE EPILEPTIC ASYLUM, at Abilene, will not be ready for occupancy till January 1st, when it will be filled to its capacity—200. There are already over 600 applicants. Dr. Jno. Preston is superintendent.

SHE: "And would you still wish to marry me if I had an artificial optic?"

HE: "Yes, darling; with all thy false eye'd love thee still."—*Life.*

THE TOY PISTOL MUST GO.—At the twenty-ninth annual session of the Mississippi Valley Medical Association, held at Memphis, October 7th to 9th, the following resolutions were adopted:

In view of the fact that more than 400 deaths from tetanus occurred following the Fourth of July celebration of 1903, as shown by the statistical report elaborated by Dr. S. C. Stanton, of Chicago, and published in the *Journal of the American Medical Association* of August 29, 1903, the great majority of which might have been prevented had proper precautions been taken; therefore, be it

Resolved, That the conclusions which follow, as offered by Dr. Stanton in a paper presented before the Association, at the above meeting, be endorsed as the sense of the Association; and be it further

Resolved, That the Secretary be instructed to forward a copy of these resolutions and conclusions to the medical press, associated press, and the secretaries of the several State medical societies, with

the request that they publish same and take suitable action thereon.

1. Enforcement of existing laws regarding the sale of toy pistols and other dangerous toys.

2. Enactment of laws by the nation, States and municipalities prohibiting the manufacture and sale of toy pistols, blank cartridges, dynamite canes and caps, cannon crackers, etc.

3. Open treatment of all wounds, however insignificant, in which from the nature or environment there is any risk of tetanus.

4. Immediate use of tetanus antitoxin in all cases of Fourth of July wounds, or wounds received in barnyards, gardens, or other places where tetanus infection is likely to occur.

5. As a forlorn hope, the injection of tetanus antitoxin after tetanus symptoms have appeared.

The Texas State Medical Association should take action on this important question.

Alkaloids and Things.—We have received from the Abbott Alkaloidal Co. some of their elegant effervescent "Saline Laxative." It is splendid where a cooling aperient is needed. We have also received their little booklet "Alkaloidal Suggestions." You can get either or both by asking for it and mentioning the "Red-Back." I am indebted to them also for a neat little nine-vial morocco pocket-case of their alkaloids. This is rational medication.

The Von Boeckmann-Jones Co. are the best and most artistic printers in Texas. I "point with pride" to my October number as a specimen of neat, clean and high class typography. They take orders for all kinds of printing and binding, and can discount St. Louis or Chicago prices. Try 'em.

"I want some consecrated lye," he slowly announced as he entered the drug store.

"You mean concentrated lye?" suggested the druggist, as he repressed a smile.

"Well, maybe I do. It does nut-meg any difference. It's what I camphor, anyway. What does it sulphur?"

"A quarter a can."

"Then you can give me a can."

"I never cinnamon who thought himself so witty as you do," said the druggist in a gingerly manner, feeling called upon to do a little punning himself.

"Well, that's not bad ether," laughed the customer, with a syruptitious glance. "I ammonia novice at the business, though I've

soda good many puns that other punsters get the credit of. However, I don't care a copperas far as I am concerned, though they ought to be handled without cloves till they wouldn't know what was the matter with them. Perhaps I shouldn't myrrh myrrh. We have had a pleasant time, and I shall caraway—"

It was too much for the druggist. He collapsed.—*American Druggist.*

Not Deserving of Recognition.—"By the way," said the gentlemanly looking person in the black broadcloth suit, "if you mention my name in connection with the accident, you may say that 'Dr. Swankem was called and the fractured arm was suitably bandaged,' or something to that effect. Please spell the name correctly. Here's my card."

"Thanks," said the reporter, looking at the card. "You are next door to Dr. Rybold, I believe. Are you acquainted with him?"

"No, sir," replied Dr. Swankem, stiffly. "We do not recognize Dr. Rybold as a member of the profession. He advertises."—*Chicago Tribune.*

Will Repair Your Electrical Machines.—Static and all electrical medical apparatus put in running order. I am also agent for electrical and X-ray apparatus. Oliver Brush, 710 Colorado Street, Austin, Texas.

New Orleans Polyclinic.—Seventeenth annual session opens November 2, 1903, and closes May 28, 1904. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information, address New Orleans Polyclinic, postoffice box 797, New Orleans, La.

Abstracts and Selections.

An Interesting Clinical Case.

X, a white woman, 22 years of age, was taken into the hospital on account of syphilitic skin disease (roseola papula); a blennorrhagic gavinitis of most violent description, with strong congestion of the mucous membranes of the vagina. The latter was of vio-

let hue, somewhat brittle, and yielded abundant secretion of a greenish-yellow pus, which showed under bacteriological examination abundant colonies typical of gonococcus, diplococcus and other varieties of bacteria. The gonococci infection reached to the neck of the uterus, whose tissues suffered from the same degeneration as the vagina. Above the mouth of the neck—from which a greenish-yellow and somewhat thick pus oozed—was a syphilitic ulcer of the size of a dime, clean at the bottom, livid in color and rather deep.

Upon careful examination, the patient was found to be pregnant in the third month; and, from the start, was subjected to energetic treatment as a serious case.

Under the treatment employed she improved rather well; but, though the blennorrhagia was not cured, the syphilitic manifestations of the skin disappeared, and the ulcer at the neck improved somewhat, until confinement, which took place at the eighth month, five months after her admission.

The confinement was normal. However, the patient was attacked by a great flux and suffered a complete laceration of the right side of the neck; an incomplete laceration of the left side; an incomplete laceration of the rear wall of the vagina; and a two-thirds laceration of the perineum. The placenta was removed at once; ample warm washes of a 1 per cent solution of permanganate of potash were applied and the uterus was stimulated by massage, but remained inert. All this was reported to me by the house physician. I arrived at the hospital four hours later in company with the well known gynecologist, Dr. Mendez Capote, who, upon having examined the patient, decided to sew up the lacerations. He washed out the vagina and uterine cavity completely; adjusted with the scissors the edges of the lacerated tissues; sewed up the wounds and touched the ulcer at the neck with the cauterizer; then he gave another wash and plugged with iodoform gauze.

When the patient was on the operating table, she had fever, 38.4° C. At 5 p. m. the fever was at 39°; then the vaginal plug was taken out and a great intra-uterine wash of one-half per cent. solution of permanganate was applied very hot in a quantity of five liters. The fever was at 40° throughout the night, and washes were given every four hours.

The following day, at 8 a. m., temperature 40°, same local treatment. The fever lasted all day, falling to 39° by the wash, but rose again to 40°.

The day thereafter, fever at 41°; same treatment with more

vaginal washes of bichloride of mercury, before the uterine washes; the fever keeps on at 41°.

On the next day at 8 a. m. (temperature 41.5°), I took out the stitches made on the day of confinement, washed well both uterus and vagina, dried the latter with carbolated cotton and conveyed into the uterine cavity eight grammes of pure hydrozone, taking care that this liquid should flow towards the vagina, into which I poured about sixty grammes of the same liquid and drained the uterus with simple gauze saturated in hydrozone, while the vagina was drained by the same means.

From that time on the fever declined slowly, and at 6 p. m. it was apyretic. The fever did not return and the patient's cure proceeded without further difficulty.

This case, which is interesting by itself, proves of great value in setting forth two points, viz.:

1. That, although the intra-uterine injections of our hydrozone may be dangerous, it can be applied if care is taken to keep the neck dilated as much as possible.

2. That in this case the superiority of hydrozone over the other treatments of puerperal septicæmia, in connection with gonococci, is indisputable; and that this splendid result should encourage repetition.*—Dr. Matias Duque, Director of the San Antonio Hospital, Section of Hygiene. Abstract from the *Revista Medica Cubana,* April 15, 1903.

Clinical Notes on Dysemia.

BY LOUIS J. GRAVEL, M. D.,

Physician-in-Chief to the Hotel Dieu Hospital and Chief of the Laboratory, Montreal, Canada.

The word anæmia is a misnomer and serves to perpetuate an erroneous idea of the conditions to which it is applied. It had its origin at the time when scientific medicine was in its infancy; before the microscope and other instruments of precision had elucidated the physiology and pathology of the blood and blood-forming organs. In those days the pallor of the skin and mucous membranes was attributed to "a diminution of the amount of the

*The son of the patient suffered from blennorrhagia in the eyes. He was treated with one-four per cent solution of permanganate and installations of pure hydrozone twice daily, alterating with cauterizations of 40 per cent solution of nitrate of silver; and he kept his sight.

blood," and even at the present day there are physicians who still share in its fallacy. From a pathological standpoint, the chief features of the so-called anæmic state are the morphological and chemical changes in the blood—its qualitative deterioration. It, therefore, has been suggested that the term dysemia (bad blood) would more closely describe the conditions present. However, a word which has the sanction of usage for so many years can not be easily displaced, and will probably long survive in medical nomenclature.

There is only one criterion on which to base a diagnosis of dysemia, and that is the changes in the blood. The other symptoms to which much significance was formerly attributed—pallor of the skin and mucous membranes, rapid pulse, and palpitation, general weakness, vertigo, and the like—are of doubtful value, since they are present in various conditions in which the state of the blood is normal. Thus, for instance, they may result from purely psychical causes,—fear or anxiety,—or occur in the course of chronic digestive disorders, or nuerasthenia.

To estimate the degree of dysemia the diminution in the percentage of hemoglobin is of the greatest importance, and this may range within wide limits, even to one-fifth of the normal proportion. Next in importance is the reduction in the number of red corpuscles, which, however, is perceptible only in the more marked cases. In the severe types of the disease reductions to 50 per cent are quite frequent. There is also a change in size and shape of the red blood-cells, known collectively as poikilocytosis, in the pronounced form of dysemia. Usually the corpuscles are diminished in size and their shape becomes irregular; there may be granular deposits in their protoplasm. Sometimes there may be found in the blood, the so-called normoblasts, which are nucleated red cells, resembling those present in the red bone marrow. The latter have been specially observed in dysemia, following profuse losses of blood, but in any case are of no significance.

These remarks apply only to the simple types of dysemia and not to the progressive pernicious forms, characterized by changes in the blood-forming tissues. As pointed out by Ehrlich and Lazarus in an excellent article on this subject, to which I am indebted for much information, the radical difference between the simple and pernicious varieties of dysemia is that in the former the regeneration of blood takes place in a physiological manner, while in the latter it reverts to the embryonic type, as shown by the presence of foreign elements. The majority of cases of simple dysemia are secondary to diseases attended with malassimilation,

tissue waste, hemorrhages, and profuse discharge, while it is important to remember that it is often due to a condition of autotoxæmia, or to the absorption of toxins generated by bacteria. It is, therefore, not enough to make a diagnosis of dysemia, but the primary cause should be sought and removed if possible.

The treatment of the changed condition of the blood consists in the adoption of an appropriate regimen,—a nutritious dietary, fresh air, and sunshine,—in connection with arsenic. Hydrotherapy is a very valuable auxiliary in some cases. The patient should rest as much as possible, and in severe cases should take a vacation in the mountains. Long before modern hematology had its beginning, iron was administered on empirical grounds, and all that modern medicine has contributed to the therapy of dysemia is the introduction of ferruginous compounds, which are not only superior in efficacy to those in former use, but free from their objectionable features. The chief disadvantages of the older iron preparations were their disturbing effect upon the digestion, their tendency to produce constipation, and their destructive action upon the teeth. It is a notable achievement of pharmaceutical chemistry to place at the physician's disposal organic ferruginous compounds, which approximate closely in composition to the form in which iron is contained in the red blood-globules. The most prominent preparation of this kind is pepto-mangan (Gude). This consists of iron and manganese in the form of peptonates, which, representing albuminous elements in their last stage of digestion, are immediately absorbed and assimilated, without undergoing any previous transformation in the gastro-intestinal tract. The presence of manganese in combination with iron in pepto-mangan is based upon the fact that both of these elements are found associated in the red globules.

Having had my attention directed to this preparation through the reports of leading authorities in European and American journals, I subjected it to a thorough test in the Hotel Dieu Hospital, Montreal, and have briefly recorded here the histories of a number of typical cases in order to demonstrate its efficiency in dysemia, as shown by the rapid increase of the hemoglobin percentage and number of red blood-cells.

Case 1.—A woman, aged 25 years; dysemia. Time of administration, thirty days. First count, 3,376,400 red corpuscles to the c.mm.; second count, 3,970,000 to the c.mm. Hemoglobin: first examination, 51 per cent; second examination, 70 per cent.

Case 2.—A girl, aged 20 years; dysemia. Time of administration, thirty days. First count, 2,630,200 red corpuscles to the

c.mm.; second count, 3,500,000 to the c.mm. Hemoglobin: first examination, 40 per cent; second examination, 60 per cent.

CASE 3.—A man, aged 25 years; dysemia, following typhoid fever. Time of administration, thirty days. First count, 2,500,-200 red corpuscles to the c.mm.; second count, 3,950,000 to the c.mm. Hemoglobin: first examination, 33 per cent; second examination, 50 per cent.

CASE 4.—A woman, aged 39 years; dysemia. Time of administration, thirty days. First count, 2,750,400 red corpuscles to the c.mm.; second count, 3,500,000 to the c.mm. Hemoglobin: first examination, 35 per cent; second examination, 60 per cent.

CASE 5.—A woman, aged 35 years; dysemia, following miscarriage. Time of administration, thirty days. First count, 2,800,-000 red corpuscles to the c.mm.; second count, 3,300,000 to the c.mm. Hemoglobin: first examination, 33 per cent; second examination, 45 per cent.

CASE 6.—A young girl, aged 17 years; dysemia, following typhoid fever. Time of administration, three weeks. First count, 2,495,270 red corpuscles to the c.mm.; second count, 3,300,200 to the c.mm. Hemoglobin (percentage of normal amount): first examination, 35 per cent; second examination, 45 per cent.

Christian Science and Diphtheria; Important Decision.

The New York Court of Appeals (the court of last resort in that State) has just sustained a decision of the lower courts in a matter of vital interest to the medical profession. The verdict from which appeal was made had subjected defendant to a fine of $500, or 500 days in prison for neglecting to call in "competent medical assistance" in the case of an adopted daughter, who recently died of pneumonia. The court held that "it would seem that the legislative intent is reasonably clear, although possibly more concise language could have been employed. The section of the code under which the indictment was found contemplates that there are persons on whom the law casts a duty of caring for minors. Sitting as a court of law for the purpose of construing and determining the meaning of statutes, we have nothing to do with variances in religious belief, and have no power to determine which is correct. We place no limitation on the power of the mind over the body, the power of faith to dispel disease, or the power of the Supreme Being to heal the sick. We merely declare the

law as given us by the Legislature. We find no error on the part of the trial court which calls for a reversal."

The lower court had held that in as much as defendant was entrusted with the care and safety of the child, he must in case of illness call in "competent medical assistance," if, in his judgment, the severity of the case demanded it. In defining this term the court held the opinion that only such persons as were licensed by the State—regulars, homeopaths, eclectics, etc.—were capable of rendering such assistance in the meaning of the law. Believing this case to be a typical one, the adherents of "faith cure," Christian Science," etc., from the country at large, subscribed liberally to obtain competent advocates, fight the decision in the upper courts of the State, and secure if possible a favorable decision. The result was as above stated.

Dowie threatens to carry the case to the Supreme Court of the United States. If this is done, the result will be watched with interest. If no such appeal is made, the decision certainly creates a precedent.

An Epidemic.

The Copenhagen papers publish this piquant little story:

A prominent business man appeared at the office of his family physician and communicated to him with great concern that his son, the joy and hope of the family, to all appearances was suffering from diphtheria.

The doctor shrugged his shoulders in a sympathetic way: "Very sorry to hear it. No mother's soul is safe when that sneaking disease comes around."

"But," continued the man, "the dear young lad has confessed that he caught the disease from the house-maid, whom he had kissed."

"Well, what in the world shall one say to that? Young people are very thoughtless," remarked the doctor, discreetly.

"But, don't you see, doctor—how—to be plain—between you and me—I have also kissed the girl (the horrid thing); perhaps I, too, will be down with the disease."

"Yes, by thunder, that is the next thing to expect——"

"And I kiss my dear wife every morning and evening, so we risk having her——"

"Gracious goodness," exclaimed the doctor, bringing his fist down with emphasis, "then I, too, will have it!"

Tableau.

Closure of Wounds.

Porter (*Journal of the American Medical Association,* July 25th) emphasizes the following points:

1. The use of sutures should be avoided save where necessity demands their use. Many wounds, in which sutures are now commonly used, may be coapted more perfectly and more safely without the use of sutures.

2. Tension and moisture are the only conditions making sutures necessary.

3. When sutures are necessary, buried absorbable suture should be used in all cases where there is no infection.

4. The necessity for drainage does not contraindicate the use of adhesive plaster for purposes of coaptation.

5. It is doubtful if non-absorbable suture material should ever be used with a view to its remaining permanently.

6. Non-absorbable sutures are not necessary nor advisable save in intestinal work and in the presence of sepsis.

7. In those cases in which non-absorbable sutures are necessary that method of applying them should be chosen which will subject the tissues for infection through the skin, and permit of their being removed when they have fulfilled their mission.

Scene: Office of a pompous doctor who knows it all. Enter, a tired man, who drops in a seat and says that he wants treatment. The doctor puts on his eye-glasses, looks at his tongue, feels of his pulse, sounds his chest, and then draws up to his full height and says: "Same old story, my friend. Men can't live without fresh air. No use trying it. I could make myself a corpse, like you are doing by degrees, if I sat down in my office and didn't stir. You must have fresh air; you must take long walks, and brace up by staying out doors. Now, I could make a drug store of you, and you would think I was a smart man, but my advice to you is to walk, walk, walk."

Patient—"But, doctor——"

Doctor—"That's right. Argue the question. That's my reward. Of course you know all about my business. Now, will you take my advice? Take long walks every day, several times a day, and get your blood in circulation."

Patient—"I do walk, doctor. I——"

Doctor—"Of course you walk. I know that; but walk more. Walk ten times as much as you do. That will cure you."

Patient—"But my business——"

Doctor—"Of course, your business prevents it. Change your business, so that you will have to walk more. What is your business?"

Patient—"I am a letter-carrier."

Doctor (paralyzed)—"My friend, permit me once more to examine your tongue."—*Hot Stuff.*

A Nebraska editor stated that a certain girl's breast was filled with rage, and that wise guy, the printer, got it "rags," and now the editor is camping out on a rise northwest of the town, where he can get a good view of the landscape from four different directions.—*Selected.*

Lecithine in Tuberculosis Apropos of a Communication by M. Bouchard to the Academy of Science.

Professor Bouchard has just presented to the Academy of Sciences a note resuming the researches of MM. Claude and Zaki on the action of Lecithine in tuberculosis.

These gentlemen have tried to determine more accurately than by clinical experimentation the action of Lecithine on tuberculized organs. These researches have been made on animals and on man.

I. *Experimental Researches.*—They include two series of experiments:

1. Three guinea pigs were inoculated with tuberculosis products. Two received injections of Lecithine oil (0 gr. 10 of Lecithine daily); the third used as witness. The last one died in thirty-five days. Of the two former, one died three and the other five weeks later. The analysis of the urines showed that under the influence of Lecithine, the tuberculized animals eliminated less phosphorus (0.13 instead of 0.32 in the average) and that their nutrition was better, as the coefficient $\frac{\text{Az U}}{\text{Az T}}$ coefficient of utilization of azote, remained on them in the neighborhood of 0.90 while it fell to 0.78 on the witness.

2. Three lots of three guinea pigs each were similarly inoculated with the bacillus of Koch. One lot received subcutaneous injections of Lecithine oil (0 gr. 05 of Lecithine daily), another lot absorbed in the stomach 0 gr. 05 of Lecithine. The third lot took no Lecithine and was used as witness.

All the animals of the last lot died within fifty days; of the two

other lots who were well tuberculized, two animals of each lot are yet living on September first—that is, nearly three months after tuberculosis inoculation—and their weight has only begun to decrease. Nutrition among them is better than it was among the witnesses, the coefficient $\frac{Az\ U}{Az\ T}$ is superior to the one observed on the witnesses and the elimination of phosphates, recorded among the last one is 0.45 on the average, while it is only 0.27 and 0.02 among the animals of the two lots which have received Lecithine.

II. *Researches on Man.*—They were made at the hospital Saint Antoine. The authors have recorded twenty observations concerning cases of pulmonary tuberculosis at various degrees.

On the eight tuberculous patients, at the beginning, or in the first stage of the disease, the results of the treatment with Lecithine were most satisfactory. The general condition, bad or only languid, changed in a few days, strength increased, appetite reappeared almost immediately and the weight increased in considerable proportions, 2, 3 and even 7 kilogrammes in less than twenty days. The decrease of the amount of phosphates in the urine followed almost immediately after ingestion of Lecithine; 1.88 to 1.08 average in one case; 1.40 to 0.99 in another; 2.55 to 2.03 in a third one, etc. Finally the coefficient of utilization of azote $\frac{Az\ U}{Az\ T}$ increases constantly and in various proportions, according to the cases, from 0.70 to 0.90 average in observation VI; from 0.77 to 0.82 in observation V; from 0.79 to 0.85 in observation III, etc.

Consequently under the influence of the stimulation of the appetite provoked by Lecithine not only the patients absorb and eliminate more, as it is demonstrated by the amount of urea disclosed by the analysis, but they elaborate better and the organic combustions are remarkably enhanced.

Five observations of pulmonary tuberculosis in the second stage show also that Lecithine gives very satisfactory results. In all these cases we have noticed during the ingestion of Lecithine an increase of weight among the subjects who were previously getting lean. Sometimes the increase in weight was stopped by hectic fever or intercurrent complications but it was only temporary. Besides, in all these patients the analysis of the urine showed us a diminution of the elimination of phosphates and an increase of the coefficient $\frac{Az\ U}{Az\ T}$.

In four tuberculous patients with large cavities, the results

varied. An apyretic patient received from Lecithine the same benefit derived by the others as described before.

Three other patients affected with fever, with great oscillations, and having various general troubles, kept losing weight. But, and this is most important, the elimination of phosphates decreased since the use of Lecithine, while the coefficient $\frac{\text{Az U}}{\text{Az T}}$ increased slightly. There was no modification in the evolution of the lesions. We must state, however, that our observations covered only a short space of time and we were not able on that account to appreciate a change in the alternations of the organic lesions so far advanced.

The same remarks could be applied to two cases of acute pulmonary phthisis (broncho-pneumonic form). The loss of weight did not stop after the administration of Lecithine, but it was less rapid than before, the general condition at times greatly improved, the elimination of phosphates, as well as the coefficient $\frac{\text{Az U}}{\text{Az T}}$ were favorably influenced as in the previous observations, notwithstanding the poor condition of the organism.

On a young man who was apparently at the beginning of an attack of acute phthisis, the physical signs and the general phenomena were suddenly modified as soon as Lecithine was administered, notwithstanding a tendency toward a relapse, when the dose of Lecithine was increased from 30 centigrammes to 50 centigrammes; the young man left the hospital in a fairly good condition, having only a few traces of lesions at one of the summits of the lungs.

Finally, in our last observation concerning a case of granulitis treated with Lecithine at a dose of 50 centigrammes two days before death, we noticed, notwithstanding the ultimate cachetic state of the patient, a diminution of the elimination of the phosphates after the ingestion of the medicine.

From these researches we may conclude that Lecithine, on account of its specific action on the elimination of the phosphates through the urines, and of its influence on the nutritive exchanges (increase of the coefficient $\frac{\text{Az U}}{\text{Az T}}$ or utilization of azote) may be considered as a precious adjunct to the various methods of treatment of tuberculosis.

This communication appeared to us to be very important because it demonstrates the efficacy of the therapeutical action of Lecithine in the treatment of tuberculosis. We have at the present time under treatment eight tuberculous patients to whom we give Lecithine.

We have administered the medicine under different forms. In three cases where the gastric tolerance exists in its normal condition, we give five Clin pills daily. For a twelve-year-old child affected with tuberculous cervical adenopathy we have advised granulated Lecithine. In the other four cases characterized by an advanced stadium of the bacillary evolution we give hypodermic injections with Clin solution. The injections are made every other day according to the modus operandi previously described. The dose of one cubic centimeter of the oily solution containg five centigrammes of Lecithine is generally well tolerated. We may publish later the results of these eight observations.

DR. RAYMOND,
(Revue Crititique d° Medicine et de Chiruir.)

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M. Sig.: A teaspoonful every four hours.

In the treatment of these diseases by means of drugs, and I have given all of the accepted remedies a thorough trial, and I regret to say I have been unsuccessful, except with thialion, and thialion I feel I can not praise too highly, for in the way of medicine it has done more for my gouty patients, when I say gouty, I mean all cases of uric acid poisoning, than everything else put together.—*Extract from a paper published in the New England Medical Monthly, October, 1899, by Henry S. Pole, M. D., Hot Springs, Va., member of the Virginia State Medical Society, etc.*

The Pennsylvania State Board of Health and "Vin Mariani."

On April 22nd last the Governor of Pennsylvania approved an excellent law passed by the Legislature entitled "An act regulating the sale or prescription of cocaine, or of any patent or proprietary remedy containing cocaine, and prescribing penalties for

the violation thereof." A question arose as to whether the well-known "Vin Mariani," as a coca preparation, contained cocaine. The State Board of Health, on being appealed to, submitted the question to the analytical chemists, Professor Sadtler and Dr. Genth, the samples examined being purchased by them in drug stores of their own selection. The analysis showed that "Vin Mariani" contained no cocaine.—*(Monthly Cyclopædia of Practical Medicine, Philadelphia, September, 1903.)*

Sydney Walker, M. D., 78 State Street, Chicago, Ill., writes: "I have prescribed Glyco-Thymoline in more than fifty cases of nasal catarrh involving the middle ear, and find it an excellent adjuvant in the treatment of catarrhal deafness. I generally ask the patient to use the douche at home, night and morning, and such other treatment as may be required is given at my office. Inflating the middle ear with Eustachian catheter, etc., if the tympanum thickening is not too great the case always ends satisfactorily."

It Is a Bad Habit

To whip up the waning physiologic functions of elderly people with strychnine or alcohol; after a short time the deleterious reaction is more certain than the primary stimulation. These patients need help of a character not furnished by a powerful stimulant—their functions need gentle reinforcement and, experience proves, the best agent for this purpose is Gray's Glycerine Tonic.

The atonic digestive disturbances almost constantly presented in old age are promptly overcome by the use of Gray's Tonic. It stimulates the enfeebled digestive glands to secrete abundant supply of gastric juice. This, in turn, assists the assimilation of food and improves the general nutrition. Then, too, these patients feel better because the remedy acts as a prop to the entire system; they are less languid, are not so easily fatigued upon exertion and are mentally more alert. Many physicians report that the routine employment of Gray's Tonic in those patients in whom are present the signs and symptoms of old age, imparts a degree of comfort and well-being, free from after-effects, not obtainable from any other medication; one physician states "it picks them up and holds them together."

Another strong reason for the use of Gray's Tonic in elderly people is that it wards off the tendency to inflammations of the respiratory organs; this fact has been noted and commented upon for many years past and is doubtless due to the fortifying action of the remedy upon the general constitution and its specific influence upon the respiratory tract.

Experience shows that it is good practice to administer Gray's Tonic to all patients in whom are noticeable the symptoms due to advancing years. The absolute freedom of the remedy from depressing or other detrimental reaction makes it the safest and most preferable means of combating the exhaustion and enfeeblement of age.

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Letters to the Journal.

Here is a very personal letter. Its publication (with permission of the writer, of course) may be criticized as a species of vanity on my part. Well, let it. Such sincere and outspoken appreciation of one's labors in a good cause is rare, and when it comes it is as balm and strong wine. It is hard to resist the temptation to let certain of the doctors in Texas see this letter—especially those who accept the JOURNAL as long as I will send it, but who refuse to pay for it. The love of approbation is inborn in us; nay, even in the dog. If your dog *does his best,* he expects a pat, and is disgusted if he receives a kick instead. Such letters are always gratifying; but, coming as it does from a distinguished physician, who is universally esteemed as a type of the cultivated gentlemen of the South and an ethical physician, who exemplifies in his life the highest ideal of a true disciple of the healing art, this letter is doubly gratifying; it comes like a benediction, and stimulates to renewed and continued efforts in behalf of legitimate medicine, the public health, and a pure and high standard of professional life, things to which the JOURNAL has devoted nearly a quarter of a century of its most earnest advocacy and effort.

DALLAS, TEXAS, October 9, 1903.

Dear Doctor Daniel:

Please find enclosed $2.00, subscription for the "Red-Back" for the current year. I know your price for the JOURNAL is only $1.00, and, if you have any scruples about accepting the amount enclosed, please place the extra dollar to the credit of some unfortunate delinquent. Your JOURNAL is, in my opinion, one of the very best of the time—fully up to the standard and abreast with the progress and advancement of the day. You have managed to secure some very able contributors, and your selections have been very judicious and practical. Your own contributions have been of the very highest order—most instructive and valuable—always dictated in the most ornate style, thus rendering them attractive and fascinating. It has been a matter of wonderment to me how, with the very moderate means at your command, you could get up such a perfect little gem in its way—now the pride and admiration of the profession of Texas. Not only this, my dear Doctor, but you have done more, by pen and tongue and worthy example, to refine, ennoble and elevate the profession of our State than any score of its members. Surely you are entitled to our highest esteem, gratitude and honor. These expressions of appreciation come from the bottom of my heart, and it is a pleasure to communicate them to one so worthy.

Best wishes and kindest regards for you and yours, my dear Doctor.

Very truly, your friend,

S. EAGON.

THE

TEXAS MEDICAL JOURNAL.

ESTABLISHED JULY, 1885.

PUBLISHED MONTHLY.—SUBSCRIPTION $1.00 A YEAR.

VOL. XIX. AUSTIN, DECEMBER, 1903. No. 6.

Original Contributions.

For Texas Medical Journal.

Preliminary Report on the Use of Anesthol, a New General Anesthetic Based on Schleich's Principles, as Introduced by Dr. Willy Meyer of New York.*

BY W. B. RUSS, M. D., AND T. P. LLOYD, M. D., SAN ANTONIO, TEXAS.

Commencing with the theory that in the case of general anesthetics the amount of narcotic substance evaporating within a given time depends upon (1), the temperature within the body, and (2), the boiling point of the narcotic, Schleich reasoned that, in order to be readily eliminated, the boiling point of an anesthetic must closely approximate body temperature. This he illustrated by the results observed during the administration of chloroform and sulphuric ether. The boiling point, or "maximum of evaporation," of chloroform being 149° F., more of this poison is taken in during inspiration, than is eliminated during expiration, with the result that the excess remains to overtax the other paranchymatous organs. Sulphuric ether, on the other hand, having a boiling point of only 93.2° F., when introduced into the lungs (where the temperature is 100.4°), expands and often seriously cripples the alveoli by overdistension of their walls. This condition prevents the ready elimination of carbon dioxide and produces a primary cyanosis and certain distressing reflex symptoms with which we are all familiar. Though, after a time, the accumulation of carbon dioxide within the blood overcomes the abnormal inter-alveolar tension, there is

*Read before the West Texas Medical Association June 25, 1903.

never, at any time during the administration of this anesthetic, a proper diffusion of gases within the lungs. Thus it is only with the assistance of the tension produced in the parenchyma of the lungs in this manner, that a part of the ether is forced into the blood, and, ether narcosis made possible. In other words, in the case of chloroform administration a far greater amount than is needed enters the circulation, and the surplus is eliminated slowly and with great difficulty, the heart, kidneys, liver, and other organs being often seriously damaged. Ether, on the other hand, can only enter the circulation to produce anesthesia by aid of a carbonic acid poisoning, the result of abnormal tension produced within the lungs by expansion of the ether vapor within their alveoli. With these facts in mind, Schleich sought to devise a combination that would have a boiling point closely approximating body temperature, which would make possible a ready diffusion of gases within the lungs, and insure a rapid elimination of the anesthetic. After some experimentation he announced the now famous "Schleich Mixtures," consisting of chloroform, sulphuric ether, and petrolic ether (or benzine). This combination, though highly praised by some, did not, on the whole, give satisfaction and an explanation of the untoward results sometimes following its use was readily forthcoming when, in 1898, at the request of Dr. Meyer, Dr. S. J. Meltzer of New York investigated petrolic ether and demonstrated that it is not only inert as to anesthetic properties, but is a highly poisonous substance when administrated pure to animals, producing, in large doses, death, with symptoms of tetanus.

Having great faith in the correctness of Schleich's reasoning, Dr. Meyer, some four years ago, undertook to find a non-toxic drug of low specific gravity and possessed of anesthetic properties with which to replace the petrolic ether in Schleich's mixture. Finally, at the suggestion of Dr. H. P. Weidig of Newark, N. J., he added ethyl chlorid, the boiling point of which is 59° F. (15° C.), to the chloroform-ether mixture, in the proportion of 17 per cent of ethyl chlorid to 83 per cent chloroform-ether mixture, thus giving the combination a boiling point of 104° F. (40° C.). Dr. Weidig, in 1898, it will be remembered, demonstrated that chloroform and ether, when combined in the proportion of their molecular weights, unite to form an entirely new substance, and not a simple mechanical mixture, as is commonly supposed.

For the past four years Dr. Meyer has used the above combination, which he calls "Anesthol," in his practice, with the greatest possible success, and he claims for it that it combines all of the

good effects of chloroform and ether, and possesses decided advantages over both.

Being much impressed with Dr. Meyer's report, it was determined, some weeks ago, to give the new anesthetic a trial. However, owing to the late arrival of our supply, we have had an opportunity of using it in only eight cases, of which the following are typical:

CASE 1.—Boy 15 years old, phimosis, pulse 80, respiration 21. At the beginning of the first stage the patient's extreme nervousness ran the pulse up to 120, but within three or four minutes, it became normal in every respect, and so continued throughout the operation. There was no excitement during the second stage; no salivation or bronchorrœa. The respiration remained perfectly normal throughout the entire time. The pupils were slightly contracted. Complete muscular relaxation was secured within ten minutes and was maintained until the completion of the operation. Within five minutes after the anesthetic had been discontinued the patient vomited once, and then suddenly regained consciousness in full possession of his intellectual faculties. He immediately asked to be allowed to get out of bed, and claimed to be free from nausea, dizziness, headache, and muscular weakness. About twenty grams of the anesthetic were used and the patient was under its influence 26 minutes.

CASE 2.—Female, 30 years old, endometritis, pulse 80, respiration 18. Time required to secure complete surgical anesthesia, 10 minutes; time under the influence of the anesthetic, forty minutes; amount of anesthol used, 30 grams. The history of this case during the administration of the anesthetic was about the same as the preceding one, except that the patient vomited twice shortly after regaining consciousness.

The other cases present similar histories. In every instance the anesthetic seemed to exert but little, if any, influence upon the pulse and respiration, and at no time has a patient's condition been such as to excite any uneasiness whatever. In every instance, after the return of consciousness, the patient has seemed to be as bright as if awakened from a refreshing sleep. Vomiting has not been persistent in any except one instance. In this case, however, a preliminary hypodermic injection of morphia had been given, as advised by Dr. Meyer. The patient complained of persistent nausea and some headache for several hours after the operation.

Our limited experience with anesthol has been attended with such happy results that we feel justified in recommending it for general use, and in attributing to it the following advantages:

1. It seems to have but little, if any, depressing effect upon the circulatory and respiratory systems.

2. Its administration being attended with practically no anesthetic shock; patients return to consciousness in full possession of their intellectual powers and free from headache, dizziness, muscular weakness, etc.

3. Its administration is not disagreeable to the patient.

4. The introduction of anesthesia is gradual and progressive. No sudden and alarming changes in the condition of the pulse and respiration occur.

5. There are practically no contra-indications to its use.

We are indebted to Dr. G. Graham Watts for valuable assistance with three of the cases, and for furnishing one subject.

For Texas Medical Journal.

Diphtheria—Its Diagnosis and Treatment.*

BY M. B. GRACE, M. D., SEGUIN, TEXAS.

In my remarks today it shall be my endeavor to present only a few practical points that will be of benefit in our actual bedside work, and not try to cover the subject that has been so often and ably presented from time to time in the different medical associations, journals and text-books.

As we are now meeting quite a number of cases, and as an epidemic is to be expected unless radical prophylactic measures are adopted, it becomes a question of immediate importance.

The question of diagnosis is where so many practitioners of today differ, hence the importance of thorough study in differentiation, for nearly all agree as regards treatment. We are called to see a child with "sore throat." Indisposition begins with a slight chilly sensation following a day or two of lassitude and followed by a temperature of any degree from 101° to 105°. Inspection reveals swollen cervical glands, closed nasal passages and mouth breathing. Tonsils and faucial pillars covered with a membrane in color anywhere from a bright, glistening, to a dirty-gray or grayish-yellow, and not easily removed with swab. We immediately state to the family that the child has diphtheria. Isolate it and

*Read at Seguin Meeting Guadaloupe County Medical Society, October 6, 1903.

place on proper treatment. To the children who have been exposed to this case, we administer antitoxin in from 300 to 500 units, order a bath and change of clothing for them and instruct regarding the use of simple antiseptic gargle and nasal wash, and usually feel easy over the termination. We expect recovery for our patient and continued good health for those exposed.

This is the easy side of it, but how about the difficult?

A child brought to the office, perhaps, after the day's school exercises have closed; complains of slight sore throat; temperature more than likely normal, or perhaps 99½; some degree of lassitude, but not enough to interfere with his interest in games with the other children. Inspection of the fauces discloses a small white patch on one or both tonsils. If on both, the exudate will perhaps be easily removed from one while it comes away from the other with considerable difficulty, and leaves a bleeding surface, which we may conclude too readily was due only to the manipulation.

What have we? The diagnosis is important, because the lives of other children as well as this, and the reputation of the physician depend on the accuracy of his diagnosis. Suppose he states to the family that it is a case of follicular tonsilitis, prescribes a purgative and an antiseptic throat wash, and *fails* to properly caution the people regarding isolation. The child, after two to four days, recovers without ever taking its bed. He feels secure in his diagnosis, and all is serene if it ends there. But, gentlemen, how many such cases do not end there? The physician may be called a few nights later to find his patient in the throes of a laryngeal diphtheria that soon ends fatally unless prompt and heroic measures are taken, and sometimes with them. Or, perhaps another child in the same family has a serious case of diphtheria and contracts it from the original case of so-called tonsilitis. Would it not have been better in this and all similar cases to state to the family that the diagnosis is not quite clear, and diphtheria often begins in this way, and that all such cases are to be regarded with grave suspicion until they have proven themselves? Neither with nor without a bacteriological examination can one state positively that it is not diphtheria. Frequently, early in the disease, we fail to find the Klebs-Lœfler bacillus, when a few days later the culture shows them unmistakably. Again, the facilities for making these cultures are not always at hand. The sterile culture media must be at hand. Its temperature must be kept at near the normal body heat for from eight to twenty-four hours, and after sur-

mounting these obstacles an expert bacteriologist is sometimes essential in differentiating between the Klebs-Lœfler and the so-called pseudo bacillus.

Again, we are called to the bedside of a child with what closely resembles spasmodic croup. It will not do in such cases to simply prescribe the usual remedies and let it go at that, even though a careful inspection shows the fauces to be clean. The case should be closely watched, and upon the failure of the usual remedies, the diphtheritic nature of the trouble should be suspected and heroically treated. It is my habit to treat all suspicious laryngeal cases with antitoxin at once, not waiting for a verified diagnosis. There is another class of cases occasionally met to which I desire to call your attention. That is where the disease primarily attacks the post nasal mucous membrane. Inspection shows nothing but the slightly inflamed pharynx and fauces and perhaps some swelling of the latter. The mirror will sometimes disclose the condition behind and above the soft palate, but in case of much swelling or a rebellious child this is extremely difficult. Nasal breathing is difficult, if possible at all. After the first or second day the diagnosis is rendered easy by the fœtid breath and the nasal discharge, which varies in color from light to a dark brown or red, dependent on the quantity of blood mixed with discharge. The temperature is not a characteristic symptom in any case. It may range from 97° in one case to 105° at the beginning of another, but usually drops after the first thirty-six hours, in the latter class to 100° or 101°. The circulation does not assist in the diagnosis except when the heart beat is extremely rapid and weak. Anders, in table of differentiation, says: "In tonsilitis the deposit is soft, pultaceous, yellowish white spots or patches situated over the mouth of the follicles, with areas of redness intervening and exudation easily removed, leaving a smooth surface. In diphtheria a tough ashen gray continuous and uniform pseudo membranous deposit covers the tonsils and can be torn off in strips only, leaving a bleeding erosion."

In differentiating from the so-called pseudo diphtheria produced by the streptococcus we can only depend on the microscope, but I believe these cases extremely rare, except when associated with scarlatina or erysipelas.

The term membranous croup should be relegated to the past, where it belongs, and laryngeal diphtheria substituted, as it is not misleading.

The treatment is antitoxin, and when used in sufficient dosage

in the early stages of the disease we need not fear results. In dosage each case is a law unto itself. In no class of cases will the judgment of the physician be so apparent for good as in his selection of the dose of antitoxin. The point to be held in view is to give enough. After the administration if results are not forthcoming in from twelve to eighteen hours, it may be taken as a positive indication that the dosage was not sufficient. In a case of moderate severity in a child of 2 to 5 years of age, I usually begin with 2000 units, and above 5 years, 3000 units, repeating or raising the dose in twelve to eighteen hours if no distinct improvement. In laryngeal diphtheria or intense toxic conditions there is practically no limit to dosage—fifteen, twenty, thirty or even fifty thousand units. The success of the treatment depends on giving enough to counteract the effect of the toxins present. When enough is given results will be apparent. I have never yet had to resort to the larger dosage—twenty to fifty thousand units—but would not hesitate to do so in a desperate case.

Again, in laryngeal diphtheria, an intubation set should always be at hand and, although in some cases intubation is an extremely difficult operation, where it is possible it offers many advantages over tracheotomy. With a rebellious child it is not well to attempt swabbing or spraying or other local treatment. If a tractable patient, mopping with equal parts of listerine and peroxide of hydrogen keeps the throat and mouth in better condition. I also use an ointment of boric acid, gr. xv., zinc oxide, gr. xv., to an ounce of white vaseline, introducing a plug as large as the nasal cavity will admit in each nostril every three or four hours while the child is lying on its back. The body heat dissolves the ointment and allows it to pass back into the post nasal passages, producing a sedative and antiseptic effect. A nourishing and stimulating diet is kept up throughout the course of the disease, and a tendency to weak heart is met with strychnia, eggnog—milk punch and whiskey or brandy. On account of the many accidents which follow diphtheria, such as cardiac paralysis, neuritis, etc., the patient should be kept in bed fifteen to twenty days after apparent recovery. The following case will, perhaps, serve to illustrate the necessity of the after-care of these patients: R. L.; aged 8; Afro-American; brought to my office for sore throat; August 24th examination revealed naso-pharyngeal diphtheria; pulse 100°; temperature normal; nasal passages completely occluded; gave anti-toxin, 3000 units at 9 a. m. Just twenty-four hours later was called to see the child on account of nasal hemorrhage; parents

stated that a brown discharge had been passing from nasal passages all day; the slight bleeding evidently due to the separation of membrane in post-nares. At this examination temperature normal; pulse about 55, but fairly strong; gave strychnia, gr. 1/100 every four hours and whiskey eggnog and milk punch ad. lib.; dressed nasal passages with hydrogen peroxide, which soon checked hemorrhage, which was not alarming, and left cotton plugs saturated with the peroxide in both anterior nares. On morning following (August 26th) I found patient doing well except pulse rate, which was regular and of good volume, but was only 40. Administered 1500 units anti-toxin and increased strychnia to 1/60 gr. every four hours. At my visit on morning of 27th found child up walking around the room in face of my instructions to the contrary and clamoring for something to eat. Pharynx, fauces and nose clean and clear; pulse 65, regular and of good volume. This was the last time I ever saw the patient alive. At 4:30 on afternoon of the 30th, in passing the house, I called unexpectedly to the family, and found the father of the child some fifty yards from the house with the child bare-headed in his arms, dead. It was a history of continued improvement—child playing, good appetite, a hot afternoon, thermometer registering 98° in the shade, no breeze, took child out to stool; the heat shock overcame the weak heart. This is the only case in my experience in which anti-toxin seemingly produced any result on the circulation except that of indirect stimulation.

Phophylactic: It is my invariable rule to inject antitoxin ranging in dose from 100 units in infants to 500 in children over 7 years of age who have been exposed. I have never had a failure to prevent the disease.

My experience leads me to believe that any case of diphtheria where the patient has eighteen hours to live may be saved under proper dosage and with the aid of intubation if necessary. I would except cardiac failure and broncho-pneumonia. The first may be largely obviated by proper nursing and cardiac stimulants with a weak heart. Much may be done to prevent broncho-pneumonia by keeping mouth, throat and nose clean. I prefer Stearns's antitoxin. I first used it because of its great convenience, and continue to use it because of its unfailing reliability. While there are many excellent serums on the market, I have not thought it wise to experiment with others.

THE

TEXAS MEDICAL JOURNAL.

AUSTIN, TEXAS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITED AND PUBLISHED BY
F. E. DANIEL, M. D.

ASSOCIATE EDITORS:

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Published Monthly at Austin, Texas. Subscription price $1.00 a year in advance.

Eastern Representative: John Guy Monihan, St. Paul Building, 220 Broadway, New York City.

Official organ of the the West Texas Medical Association, the Houston District Medical Association, the Austin District Medical Society, the Brazos Valley Medical Association, the Galveston County Medical Society, and several others.

THE "Red-Back" sends greetings to its thousands of friends everywhere, and wishes them all and singular, a merry Christmas and a happy and prosperous new year.

RESPECTFULLY SUBMITTED.

"The action of the mosquito in transmitting the disease is not a simple inoculation from the sick to the well. In the first place, the mosquito can only become infected by biting the sick during the first three and a half days of the disease, and after the mosquito has become infected a period of from twelve to eighteen days must lapse before the mosquito can transmit the infection, and not exceeding six days thereafter the fever will develop in the person bitten."—*Dr. G. M. Guiteras, Surgeon Marine Hospital Service.*

Twelve to eighteen days, and (not over) six days incubation: Fifteen to twenty-four days via the mosquito route.

* * *

"L. M. W. went from Clinton to C.'s funeral, at Edwards, Miss., September 7, 1897; arrived about 11:30 a. m., and left that afternoon. She developed yellow fever at Clinton, September 10th, at night.

"M. C. went to C.'s funeral at Edwards, Miss., September 7th, 11:30 a. m., and left that afternoon for Nitta Yuma, Miss., and

developed yellow fever September 11th, night."—*Dr. H. R. Carter, Surgeon Marine Hospital Service, in Medical Record, March 9, 1901.*

Dr. Jacob S. West, of Texas, is quoted as reporting two instances where coffee introduced infection. Both occurred in 1867, and are related as follows:

"At Liberty, Texas, a sack of coffee landed two miles below town from the steamboat Ruthven, which coming from Galveston, was refused permission to land at the wharf. This sack was taken on a dray to Liberty. All who shared the coffee were stricken with fever, which spread with disastrous effects."

"The second case was that of a sack of coffee which was hauled fifteen miles in an open wagon from Corpus Christi, where fever prevailed, to a point near Meansville, where it was divided among the purchasers. No one of them escaped and many of them died; but those who did not so share, singularly enough, escaped."

Keating reports on the source of infection at Covington, Tenn., as follows:

"The only person who had the fever at Covington, Tenn., in 1878, was the postmaster, who received and opened a heavy mail that had been detained in the Memphis postoffice for some time. In three days he died of yellow fever.

[See also Dr. McDaniel's letter in this issue.—EDITOR.]

* * *

The following lengthy extract is taken from Dr. J. H. Purnell's article in the *Philadelphia Medical Journal,* August 3, 1901: "The Mosquito an Insignificant Factor in the Propagation of Yellow Fever."

"Ordinarily, in mid-summer, we can control an epidemic if the people can be moved to a camp; Fortress Monroe, 1899, for example. As to the soiled material which was introduced into the little cabin [Reed and Carroll's experiment in Cuba] being sufficient upon which to base an absolute conclusion, is concerned, I point to the fact that in nearly every epidemic analagous instances may be found—La Roche teems with them—and cases of fever do not occur simply because the *infection* is absent. Stench and filth are incapable of producing infection. What does, is shrouded in mystery. The germs, as they are discharged from the human body, do not at first seem capable of infecting, but must remain for a time in an undisturbed atmospheric area which is suitable to their evolution before infection is possible. Unless the proper meteorological conditions prevail, the poison seems to be inert.

An illustration of the conditions not being present, is found in Keating's History of the Epidemic of 1878, in speaking of Camp Joe Williams, which was located near Memphis, and was peopled by a thousand or more refugees from the city. A number of persons who had become infected before leaving the city developed

the disease after reaching the camp, but from such cases there was no spread. Surgeon R. B. Nall, who was in charge of the camp, says: "The remarkable and favorable feature of Camp Joe Williams, was that the disease did not spread amongst its inhabitants, nor did those who visited the camp from the surrounding country contract the disease. * * *

* * * "On the arrival of the refugees, every article of bedding and clothing which favored propagation of the disease was destroyed by fire. * * *

* * * "Five of the eight male nurses employed in the hospital, after nursing for three or four weeks fifteen or twenty patients in all stages of the fever, thinking themselves proof against the disease, went to the city to offer themselves to the Howard Association as nurses because of the higher prices paid. They found the sick bountifully supplied with nurses from elsewhere, and were unable to obtain positions, and returned to camp. Four of these men died in the hospital in which they had nursed—the fifth was found dead between the city and camp. The other three nurses did not visit the city, but remained in the hospital during the epidemic (seventy-two days), nursed and buried their comrades, but were not attacked themselves."

The foregoing is a plain, unembellished statement of a reputable physician, and contains several points of interest in connection with the recent investigations carried on in Cuba.

First. If the bedding and clothing in the hospital at Camp Joe Williams during the *summer* weather did not become infected, is there not good reason to suppose that the material taken from Las Animas Hospital and Quemados in November and December escaped likewise? The non-immune physicians and nurses who attended yellow fever patients in Las Animas in 1899 failed to develop the disease while there, but did develop it afterwards from an infected center. (Information from Surgeon H. R. Carter.)

Second. All bedding and clothing coming from the infected city was burned, and while yellow fever cases developed in those who had become infected before leaving the city, none occurred in any other—is it not reasonable to suppose that the precautionary measures were responsible for the immunity?

Third. Since it is known that mosquitoes plentifully abound around the suburbs, as well as in the city of Memphis, and as no measures were adopted looking to the destruction of the pests, is it reasonable to suppose they would have confined their stings to the inhabitants of the city and permitted the camp to remain unmolested?

* * * * * * * * * *

The above cases are cited to show that yellow fever may, and does occur after exposure to the infection within less than the time required by the mosquito route, and the mosquito is not the sole factor in spreading the disease. I could cite many hundreds. I have seen it myself. I understand that at the late meeting of the

A. P. H. A. at Washington, there were "some emphatic remarks" made because of the lack of a more general acceptance of the dictum that the mosquito is the sole agency in yellow fever epidemics. Those who have had much experience with the yellow fever do not accept it. It is not proven. They have seen the contrary demonstrated too often. Until the inconsistency above pointed out can be "explained," they will not be convinced; nor will it be safe to neglect to guard against the introduction of the disease by other agencies. Should it prove true that we have only the mosquito to deal with, it will be "a consummation devoutly to be wished," and no one would rejoice more than yours truly and the "Red-Back." It will then no longer be necessary to quarantine, or *to perforate letters* in quest of the pesky things, and disinfect them, for fear they may contain mosquitoes—as is now practiced by the Marine Hospital Service experts—who don't believe the infection can be carried in any other way than in a mosquito's abdomen. Until that time I must still beg leave to differ with Brother Paul.

THE RECENT YELLOW FEVER OUTBREAK IN SAN ANTONIO.

An impression seems to prevail in some parts of the State that the physicians of San Antonio were not united in their support of the Federal, State and local health authorities during the recent yellow fever episode in that city. The fact is that of ninety-eight or ninety-nine men engaged in the practice of medicine in San Antonio, more than eighty are outspoken in the belief that the disease in question was genuine yellow fever and are on record as having given State Health Officer Tabor, Dr. Murray and the local officials their hearty support and co-operation in every possible manner. Not more than five or six physicians denied positively the diagnoses made by Drs. Tabor and Murray, and the remaining ten or fifteen, not having investigated any of the cases were compelled to hold their opinions in reserve. It is true that the combined efforts of the five or six doctors in question resulted in complicating matters considerably, and in embarrassing the health authorities. Their efforts, however, were not seconded by any considerable part of the influential and conservative element of the citizenship, and the result is that the fever was easily brought under control to such an extent that Dr. Tabor was able to modify the quarantine at once, and, with the co-operation of the various neighboring county health officials, was soon able to raise it all together.

We do not mean to say that the gallant little band of "antis"

were left without support. One of the local papers, backed by a noisy and opinionated contingent, espoused their cause and joined energetically and right gladly in a campaign for the double purpose of vilifying the "yellow experts" and advertising the anti-fever doctors as "defenders of the people." The public was solemnly warned not to patronize any physician who admitted the existence of yellow fever. Grocerymen, clerks, boardinghouse keepers, Tom, Dick and Harry rushed into print to tell why they could not accept the diagnosis of yellow fever. The following head lines express alike the character of the writers, and of the paper giving them space to lay bare the poverty of their minds. "Who's the Liar," "A Bunch of Yellow Doctors Flock Around the House of Mr. W.," "Yellow Lie Nailed," "Rough on Experts," etc.

The anti-fever doctors were referred to as being possessed of all the manly virtues, and some of them responded by frequent letters to the people containing lengthy reviews of the situation, including detailed descriptions of the symptomalogy of the various cases under consideration, and learned dissertations upon yellow fever, malaria and dengue in general.

On November 13th the following "Honor Roll" was announced:

HONOR ROLL.

"The following physicians have defended San Antonio's good name against the calumnies of the yellow experts, and say most positively there has not been proven a single case of yellow fever in San Antonio this year. [I omit the names.—DANIEL.]

"The above physicians have plenty of gray matter under their hats, and no yellow streaks down their back bone.

"There are a number of other doctors who do not agree with the alarmists, but the iron hand of the medical trust is on their throats and they fear to speak."

Later the "Honor Roll" was again printed with the preface: "We take pleasure in recommending the following defenders of San Antonio." [Names omitted.—D.]

We will not believe that the names of these gentlemen were, with their knowledge and consent, placed before the public in such a connection. The yellow fever editor no doubt constructed the "Roll" on his own account for the purpose of securing, as he supposed, some advantage in the way of increased practice for the enrolled members at the expense of the "Yellow Fever Traitors," which simply goes to show what a low estimate the average layman places upon the principles of ethics adhered to by professional men in general, and by physicians in particular. W. B. RUSS.

A STARTLING SHOWING.

According to Dr. M. L. Graves, Superintendent of the Southwestern Insane Asylum at San Antonio, the increase of insanity in Texas is most startling. Dr. Graves says:

"Nineteen years ago the insane population of Texas, as far as the records of the asylum show, was 450. The present population is more than 3200, while the United States census reports show the increase in our total population for the last two decades to be 1,456,961. These interesting figures are fraught with great importance to the race. They show that our insane population has increased more than sevenfold in less than twenty years, while the general population has not quite doubled in the same time."

It would be interesting to know the causes that have resulted in this unprecedented growth of insanity. It would be more so to institute measures to check it. Let me see; at that rate, in nineteen years more, we should have a population of 6,000,000, and 22,400 insane. Make your own calculation how long it will require for everybody in Texas to become insane! Taking the present population at 3,000,000, in round numbers, and Dr. Graves' figures in round numbers, there was one insane person to every 3333 people in Texas, nineteen years ago (in 1884). At present there is one to every 937. Nineteen years hence (1922), there will be one in every 267, and in nineteen years more—or thirty-eight years hence, say in 1941—there will be one insane person to every 76 people, big and little. That is to say, in 1941 there will be 12,000,000 people, and 156,800 insane. Our three asylums have an aggregate capacity of 3200. It will require one hundred and fifty asylums of the same capacity to care for them in 1941. These figures should be pondered by our law makers who see no reason for a record of vital statistics, and the application of the principles of sanitary science. They are respectfully commended to the attention of Hon. Travis Henderson, and other honorable Senators.

The American-International Congress on Tuberculosis will meet in St. Louis October 3, 4 and 5, 1904. This is the outgrowth of the American Congress on Tuberculosis which was organized by the Medico-Legal Society of New York in 1900, mainly through the efforts of that grand man, Judge Clark Bell, long time president of that society, and now and for many years

editor and publisher of the *Medico Legal Journal.* The American Congress on Tuberculosis held meetings in 1900, 1901, 1902 and 1903. In 1902 there was a split off of some dissatisfied delegates and officers, because Judge Bell, a layman, had made the mistake of inviting certain doctors who were objectionable to the New York doctors from an ethical standpoint. They "bolted," and carried with them a few delegates and the secretary, one Brown of Georgia. The bolters then proceeded to organize, and taking the name under which the American Congress on Tuberculosis is chartered, procured a charter of their own, and, of course, as is usually the case in such breaks, they began at once to villify Clark Bell and the original congress. They announce that they are *it*, and will hold a meeting in Washington in 1905, "after the deluge." Well, let them. Nobody objects. This concern bears the same relation to the American Congress on Tuberculosis that George Clark's bolt bore to the State Democratic convention in 1896, and Cleveland's Buckner-Morrison convention bore to the Democratic party. Meantime the original American Congress on Tuberculosis, having the recognition, backing, support, co-operation and authority of the State Department of the United States—Mr. Hay himself being first Honorary President, and that of the World's Fair management—was accorded a position on the program of the World's Fair Congresses to be held in St. Louis next year. It has grown to such proportions, attracting attention of sanitarians, lay and professional, in foreign countries—many of which have already appointed delegates—that, upon suggestion of the management of the World's Fair Congresses, it is expanded into an International Congress, which is now being organized by the executive committee of the original congress. Its success is assured. A widespread interest, amounting to enthusiasm, prevails, and already most of the States have appointed delegates. It must be borne in mind that the problem of preventing the spread of consumption is not alone a medical question; it is medico-legal, and we need and must have the co-operation and assistance of governors, congressmen, statesmen, legislators, lawyers, engineers, educators, railroad men and all who are interested in the integrity and welfare of the race; because, doctors, alone, can not secure the legislation necessary to vitalize any such reform movement. The International Congress on Tuberculosis at St. Louis next October is going to inaugurate a warfare on the great white plague which will result in inestimable good to the world. I hope all my readers will interest themselves in the campaign.

POST-SCRIPT.

It is due to Dr. McDaniel to say that after his paper was ready for press, and it was too late to withdraw or alter it, he wrote, requesting me to suppress it, stating that it was incomplete. I informed him that it was too late, and remarked that the cases resulting from Mrs. Kurka's case (two at Hondo and three at San Antonio) convinced me that the disease was yellow fever (of which I had been skeptical because it did not spread). And I suggested that it would be in order to explain by whose permission and authority a yellow fever corpse was shipped, and a nurse from the room of a fatal case of yellow fever was permitted to leave San Antonio? I publish below his reply.

I can not understand the line of reasoning by which it is sought to make those who questioned the diagnosis of yellow fever *responsible for the quarantine.* It was clearly the State Health Officer's duty to put on quarantine as soon as he was convinced of the presence of the infection in San Antonio (and the Kurka cases and sequels left no room to doubt it), and he did this duty promptly, and yet the majority of the profession there—those who say they were co-operating with him—seem to think that but for the *antis* there would have been no quarantine.

To my mind these cases demonstrated the fact that the infection was *not* spread by the mosquito, and also make clear the diagnosis; but why the fever did not become epidemic all over Texas will ever remain a mystery, for the gap was not put up until the cow had gotten out; that is to say, the infection evidently existed in San Antonio long before Mrs. Kurka was taken sick (October 6th) and before the assembling in San Antonio of thousands of visitors to the Fair (October 18th to 28th), and their subsequent stampede, all of which occurred before quarantine was put on. It is sheer nonsense to say that yellow fever can not become epidemic in San Antonio; but *why* it did not is a mystery. It was there, and there are many s. f. mosquitoes there, and as the disease was not at first recognized, of course no means were resorted to to defeat the mosquito or to prevent the spread of the infection by persons and things by atmospheric infection.

DR. M'DANIEL'S LETTER.

San Antonio, December 3, 1903.

Dr. F. E. Daniel, Austin, Texas.

Dear Sir: Yours to hand this morning, and I am really sorry

that I did not get to suppress my article from your paper, first, because it was incomplete, and, as you say in your letter, an explanation is in order why Mrs. Kurka's body was shipped out of San Antonio and the nurse allowed to go with her. This explanation should have been in that article. And, second, I failed to state that Dr. Tabor was called to Hondo* instead of San Antonio, and merely said that this was the case that Dr. Tabor was called to, which statement, also, might demand an explanation. I do not care to have it inferred that I had called Dr. Tabor, and if it is not too late, would be glad to cut that part out of the article. I refused to sign the death certificate for Mrs. Kurka and insisted, at the time, that the case was suspicious, and that it was at least prudent to quarantine the premises for five days. The city health physician, Dr. Burg, as well as the board of health, disagreed with me, and Dr. Burg, gave orders, over my head, to have the body shipped out. This was the unfortunate occurrence that brought about the quarantine, and, while I have been condemned for reporting the first case, I really did everything in the world to prevent this body being shipped out, and had that not been done, the quarantine never would have occurred.

Very respectfully,

A. S. McDaniel, M. D.

Letter to the "Red-Back."—Dr. A. M. Denman of Lufkin renews his subscription, and pays five years in advance. He writes:

F. E. Daniel, Editor "Red-Back," Austin, Texas.

Dear Sir: I agree with you; a doctor who can't or won't pay for his medical journal, even two or three years in advance, ought to move or go into some other kind of business. A doctor who won't pay his bills ought not kick if his patrons do not pay him. Pay your bills, ye Texas doctors, and everybody will respect you and appreciate you work by paying you. I have paid for the "Red-Back" in advance; this is the second time.

Of the two bad paymasters, I had rather be the one who pays in advance. If Betty and the baby get cold and hungry, write me and I will chip in to buy them some socks and some grub.

Yours truly,

A. M. Denman.

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*The doctor stated it correctly—see his letter.—Daniel.

Correspondence.

The Yellow Fever in San Antonio.

LETTERS FROM DRS. M'DANIEL, LLOYD, BLEIM, SPRING, SHROPSHIRE AND PASCHAL.

San Antonio, Texas, November 27, 1903.

Editor Texas Medical Journal:

Some doubt has been expressed in the lay press of this city as to the correctness of the diagnosis made by Drs. Murray, Tabor and myself in the case of Mrs. Kurka, who died at 643 Rembrano street, this city, on October 11th. I therefore beg to submit the following brief statement concerning this case and the circumstances surrounding and immediately following her death:

Mrs. Kurka, aged 26 years, healthy and strong, had not had any malarial troubles, was taken sick on the 6th day of October, with a temperature of 104°, pulse 60, eyes injected, constant nausea and vomiting. This condition continued, with suppression of urine about the fourth day, vomit black and death on the 11th, five days after the attack.

Her mother, who came from Hondo, a non-malarial country, and nursed her daughter from Thursday until Sunday, went back with the body to their home, and was taken sick four days afterward, and ran the course of all the symptoms of yellow fever, dying with black vomit on the sixth or seventh day. This is the case that Dr. Tabor was called from Laredo to see. The husband of the mother was taken sick a week afterward, and died with all the symptoms of yellow fever, this making three of one family from the same house who died. Mrs. Urbeneck, living directly across the street from Mrs. Kurka, and who was nursing her before her mother came, was taken sick five days after Mrs. Kurka's death, and died with all the symptoms of yellow fever, so pronounced by her attending physician, Dr. Braunagel. A boy by the name of Adams, 16 years old, living one block below Mrs. Kurka, died about a week after her death, and there was black vomit all over the bed clothes, as stated by neighbors. A girl that lived at West End, and came by Mrs. Kurka's every morning to her work in town, was taken sick and died about ten days after Mrs. Kurka's death, at the City Hospital. A post mortem was made of this case, that showed

every change that occurs from yellow fever, making it out absolutely, without any doubt, a genuine case.

Then, to repeat, Mrs. Kurka died at 643 Rembrano street; her mother came to nurse her and died; her father died; Mrs. Urbeneck, who waited on her first, died; the girl, who came by her house every morning, died, and a 16-year-old boy, who lived one block from her, died, all from one source of infection, and all with genuine yellow fever.

A. S. McDaniel, M. D.,

[It seems that Mrs. Kurka's mother nursed her daughter four days, and developed fever *four days later*. When did the mosquito get in his work? It requires not less than *seventeen days* by the mosquito route.—Editor].

Pathological Findings in Autopsies Held on Five Cases During the Recent Yellow Fever Outbreak in San Antonio.

BY T. P. LLOYD, M. D.

Editor Texas Medical Journal:

I have been asked to recite the finding at post mortem examinations in some of the cases of yellow fever who died in San Antonio. To rehearse them all would take up too much space, so I will only direct attention to four or five:

First. A Mexican, treated by Drs. Adolph Herff and John Herff, who made the diagnosis of yellow fever by the clinical course of the disease, and excluding malaria by careful and repeated blood examinations. The post mortem findings were as follows:

Man, age about 40, weight 160, well nourished, skin lemon yellow, sclera yellow, liver diminished in size, yellow, margins sharp; on section it showed decided fatty degeneration; gall bladder empty; spleen rather smaller than the average and dark in color. Stomach, mucous membrane decidedly ecchymotic at pylorus; duodenum also ecchymotic to the extent of about six inches below pylorus. Kidneys hyperemic. Stomach contained about six ounces of dark grumous fluid, containing disintegrated blood.

Next, Mrs. Oliver. Treated by Dr. A. S. McDaniel, who made a diagnosis of yellow fever, excluding malaria by blood examination. She was rather fleshy, age 68, weight about 180 pounds. Skin and sclerotics decidely icteric. Pupils dilated, gums bloody.

Liver about normal size, of yellowish color, friable and bloodless. Microscopic examination showed fatty degeneration to such a marked degree that the liver cells were hardly recognizable. Gall bladder empty. Spleen markedly smaller than normal, very dark in color. Stomach contained dark blackish fluid. Mucous membrane anæmic, showing decided ecchymosis and numerous eroded surfaces, duodenenal mucous membrane also ecchymotic. Kidneys enlarged and showed signs of recent inflammation. Heart muscles very friable and showed fatty degeneration.

Mr. J. P. Vance. Treated by Dr. M. J. Bleim, and diagnosed yellow fever, malaria being excluded by repeated and careful blood examinations. The cadaver presented the following picture a short time after death: Skin and sclerotics a very decided lemon yellow, pupils dilated, gums bloody, *rigor mortis* marked, ecchymotic spots on back of neck, sides of face, shoulders, lumbar regions, dependent portions of leg and thighs. Liver about normal size, retracted from ribs, very yellow color, friable and contained no blood, and showed extensive fatty degeneration. Gall bladder contained one-half ounce of dark, thick tarry fluid. Spleen was slightly enlarged and dark in color. Stomach contained several ounces of black fluid; mucous membrane pale, except for extensive ecchymosis; duodenal mucous membrane also decidedly ecchymotic. Right kidney had a large hemorrhagic area under capsule; it was decidedly hyperemic, and showed signs of recent inflammation.

Miss Groathans. Treated by Dr. C. M. Decker, who, from the clinical course of the disease, diagnosed the case one of yellow fever. Skin and sclerotics decidedly icteric, *rigor mortis* marked. Liver decided boxwood color, friable and bloodless; showed marked fatty degeneration. Gall bladder contained about three drachms of dark fluid. Spleen normal in size. Stomach contained several ounces of black, tarry fluid. Mucous membrane of stomach showed extensive ecchymotic areas, most marked near pylorus. Mucous membrane of duodenum was also very ecchymotic. Kidneys decidedly hyperemic, and showed signs of acute inflammation. Heart muscles friable.

The above mentioned cases were selected because they were well marked and presented all the pathological findings characteristic of yellow fever, and the diagnosis of which was unquestioned by all the doctors who witnessed them with the exception of two or three, who vainly tried to account for their death in some other way, arguing that pernicious malaria would cause the same pathological changes, or that acute yellow atrophy of the liver was the

cause, complicated with nephritis, as in the case of Mrs. O., which necropsy was witnessed by more than forty of our best medical men, among whom was Geo. R. Tabor, Dr. Ferdinand Herff, dean of the medical profession of San Antonio, and a man of far wider experience than any other member of the profession here; Dr. Adolph Herff, Dr. F. Paschal, Dr. Lankford, Dr. Hicks, Dr. Watts, Dr. Shropshire, Dr. Jackson, Dr. Russ, Dr. Bliem, Dr. Clifford, Dr. Decker, Dr. Moss, Dr. Chapman, Dr. Dupuy and others whose names I can not at this moment recall.

Another diagnosis suggested was pernicious malaria "fulminated" by dengue, the combination of which, if that is what the gentleman means by "fulminated," is enough to cause most any kind of an "explosion," and we can readily see why his "fulminated" case burst so many blood vessels and bled so copiously from the nose.

Another "anti" doctor suggested that it was simply a fatal case of "janders."

Case of James P. Vance.

BY DR. M. J. BLEIM, SAN ANTONIO.

Editor Texas Medical Journal:

[As a complete history can be given, it has seemed advisable to report this case rather fully.]

Aged, 28 years; 5 feet, 8 inches in height; weight, 180 pounds; ruddy complexion and robust in appearance; family history good; both parents and two brothers living. Has always enjoyed good health; habits, usually good—never drank anything; never had syphilis. During last illness discovered a slight urethral discharge which was not examined for diplococci. Has resided in San Antonio for three and a half years, where he has been following the profession of court stenographer. Has been in the city all summer and enjoyed perfect health. For over two years has lived at a large, firstclass boarding house at 140 North street, known as "The Roosevelt." This house is a large, two-story brick, in perfect sanitary condition, and is situated about two blocks from Alamo Plaza. He occupied a southeast corner room on the second floor. No other cases in this house or neighborhood.

On Thursday afternoon, November 5, 1903, at 2 o'clock, Mr. Vance was taken with a moderate chill, followed by moderate fever

and some headache. As he was making preparations to go to Fort Stockton on court business, and had obtained his permit from Dr. Tabor, he, notwithstanding his fever, went at 4 p. m. to the Southern Pacific depot to deposit his baggage for fumigation. On Friday morning, at 10 o'clock, he called at my office and stated the above facts. He said he was not feeling very sick, but as he was going Saturday morning to a place sixty miles from a railroad, he thought he might need some medicine. He had no headache or backache; no nausea; tongue slightly coated and small with red tip; temperature 101½°; pulse 106. I advised him to retire to his room and report in the evening. As he objected to quinine, I gave him Tr. Gelsemium and Methlene Blue. At 5 p. m. he reported, saying he felt about the same. As his temperature had dropped one degree, I though it would disappear by morning and he could take his trip, and so advised him.

Saturday morning I was summoned to his room. Had vomited the night before. Temperature 103°, pulse 106; eyes quite suffused; tongue same as before; no special pain in head and back, and none in extremities. At night, temperature 103.2°, pulse 100; skin hot and dry. I took urine, which, on examination, showed albumin abundantly.

Sunday morning, temperature 102.8°, pulse 94. Had spent very restless night; no more vomiting; great thirst; no pain; felt very bad. Sunday evening blood was taken by Dr. Lloyd who, on Monday morning, reported no plasmodium. His slides were examined by three others who concurred in the absence of plasmodium. Urine taken Monday morning showed increased presence of albumin. On Sunday evening temperature was 103.8°, and pulse 92. Monday morning found temperature 102°, pulse 86. Had sweat profusely in night, and was very weak. Some tenderness in stomach; eyes slightly tinged yellow; tongue more pronounced red tip and edges, and small. At noon he was removed to the screened room in the City Hospital and was seen by Dr. S. Burg, city physician, and many others thereafter: among these were Drs. Tabor and Richardson, Lloyd, Elmendorf, Withers, Assistant City Physician Clavin, Shropshire, Dr. Marvin L. Graves and his assistants, Drs. Allison and Greenwood, Taylor, Bell, C. A. R. Campbell and A. Graves, Sr.

On Monday, about 4 p. m., vomiting began with streaks of blood. The eyes were now distinctly yellow. By Tuesday morning the whole body had turned a bright lemon yellow color, and the eyes were a golden yellow. The vomit was by this time distinctly black-

ish in color, settling like coffee grounds. Vomiting continued more or less until death, becoming purely disintegrated blood (typical black vomit). Under the microscope blood cells and free hemoglobin were found. The blood was again examined on Tuesday by Dr. Lloyd, and also by Dr. M. L. Graves and assistants on Wednesday, in each case with negative results as to plasmodium.

During Tuesday and Wednesday retention of urine occurred, but no suppression. Albumin, one-third in volume on standing twenty-four hours. The urine never was suppressed; this I attribute largely to the fact that the patient retained a pint of normal salt solution in the colon every three hours. Toward the end the urine became horribly offensive.

During Monday the temperature fluctuated between 104° and 102°, and pulse in the 80s. Thereafter the temperature never fell below 97° in the rectum, and mostly ranged between 98° and 99½°. The patient never suffered a collapse and the lowest pulse was 68 Monday night. From Wednesday night the pulse gradually ascended to 90 and all day Thursday became more and more rapid, while the patient passed first on Wednesday into an apathy, gradually into stupor and, finally into profound coma, with rapid pulse and respiration. On Thursday night, at 1:30 a. m. (early Friday morning) a convulsion occurred and at 1:45 a. m. he breathed his last.

Fortunately, a compete autopsy was allowed with, in brief, the following findings: Body, a deep lemon yellow color; black fluid oozing from mouth, ecchymoses on back and posterior aspects of extremities. Liver slightly discolored on under surface from post-mortem changes. One-half ounce of bile in gall-bladder; weight, one pound, thirteen ounces (avoir.); sixe 7x10 inches; on incision was of a uniform orange yellow color, and tissues pliable; spleen slightly enlarged (3½ wide, 5 inches long, 2 inches thick; weight, 9 ounces); on incision of a deep purplish color and friable; stomach contained 3¼ ounces of "black vomit." Mucous lining of stomach and duodenum deeply ecchymosed and of blackish color. Intestines distented with gas and of greenish color. Kidneys slightly enlarged and greatly congested, with hemorrhages; right kidney hemorrhagic in part under capsule size of a silver quarter. Heart rather small and tissues moderately firm.

A distinctly offensive odor emanated from his person during the last two days, and also the characteristic troubled countenance was very evident.

A few brief remarks may be in order. Several typical symptoms were absent. The patient never suffered the excruciating

pains in head and back. He went into the fever very slowly; although he had his chill Thursday at 2 p. m., he was not really very ill until Friday night. Then, again, he never suffered the collapses so often seen, consequently his temperature and pulse never sank, as they often do, to 96°, and 40 or 50 beats per minute, nor did he have complete suppression of urine. I have given my explanation for this above.

The salient diagnostic symptoms are as follows: The usual onset with chill and fever with no remission of any consequence until after seventy-two hours. The characteristic lack of correlation between pulse and temperature on the second and third days, when, starting with a temperature of 101½° and pulse 106, the temperature finally reached 103.8° with a pulse of 92. The suffused eyes, gliding into a golden yellow; the general jaundice, first decidedly noticeable on the fifth morning, and of characteristic lemon yellow color; the typical tongue and spongy gums; tenderness in epigastrium; pain in the calves at one time; the typical black vomit; high grade of albuminuria, developing (early) on second day; clinically careful percussion of liver and spleen showed no enlargement; repeated blood examinations showed absence of plasmodium. History of case showed no previous malarial infection. This fact, and absence of plasmodium, absolutely rule out pernicious malaria. After the autopsy, which was attended by fifty physicians, a few dissented from the almost unanimous verdict of yellow fever, and said it was "acute yellow atrophy of the liver." The sole basis for such a diagnosis was the light weight of the liver. In size it was not much diminished below the normal; certainly nothing like it would be in acute yellow atrophy. Furthermore, the extreme rarity of this disease—only a little over 200 ever reported (Strümpell)—and the clinical history of the case, together with the other decisive symptoms, all would rule out the possibility of "acute yellow atrophy."

In conclusion, it is necessary to state that the city bacteriologist and pathologist who saw the case on Tuesday, did not deem it necessary to take a drop of the patient's blood and make the crucial test of and examination for the plasmodium, consequently his adverse diagnosis of "pernicious malaria" carries no weight whatever. Of all the physicians who saw the patient during his illness only two dissented from the diagnosis of yellow fever. These two gentlemen have uniformly and persistently contradicted the diagnosis of yellow fever in every case reported in San Antonio. The intelligent members of the profession can form their own conclusions.

The Fever at San Antonio.

BY DR. J. V. SPRING.

Editor Texas Medical Journal:

The purpose of this paper is to clear up the misunderstanding which has unfortunately occupied the public mind in regard to yellow fever in San Antonio; to give a statement of conditions just as they have been from the report of the first "suspicious case" to the present time, which can be supported by affidavits, if necessary.

A man should fully realize the responsibility resting upon him when he accepts a public office. Especially is this true when a physician assumes the relation of advisor, and so far as professional subjects are concerned, the guide, to those who legislate or execute the laws connected with public health. He may expect to be held responsible for the position which he takes, and advice that he gives, in regard to all public health matters. He should be thoroughly familiar with the conclusions of modern science with regard to any subject he may be called to pass upon; and when infectious and contagious diseases are to be considered, he should be familiar with the etiology, clinical history, pathology, diagnosis and treatment, and especially should he be well informed as to all points of differential diagnosis.

There is no question that at *this* time, in the minds of many intelligent physicians in San Antonio, there is a doubt as to the possibility of there having been yellow fever in our city at all. This doubt has been created by the history and management of reported cases, and confirmed by the failure of the infection to spread under the most favorable atmospheric conditions, and lack of necessary precautions being adopted.

When the first cases were reported, many were disposed to admit the possibility of one or more cases having been imported here from our Mexican border; and were unwilling to reject the opinions of eminent experts, who had declared certain cases to be genuine yellow fever. But when we consider the fact, that there has never been a single case arising from contact with, or mosquitoes from any other case of the twenty-two reported by the State Health Officer and local board of health, while we had twenty-two points of infection reported (each case declared to be a "typical case of yellow fever"), widely separated, in

thickly populated districts, yet no new cases have been found in any of these houses, or neighborhoods, every new case reported in a new section, far removed from any other typical (?) case, and no evidence can be adduced that they had ever been to any who were sick (or reported sick) with yellow fever; and affidavits can be had to prove that many of those cases were not managed according to the rules laid down by the United States Marine Hospital Service, such as screens, mosquito bars, etc., or other precautions enforced to prevent the spread of this infection by mosquitoes or fomites, there is no great wonder that there should exist an honest doubt as to the character of the fever which has been found all over Southwest and Southeast Texas this fall.

The mosquito theory of transmission is of very recent origin, and as yet has not been accepted as the only means of infection or transmission from man to man, by many able and experienced physicians. Those who do not accept the mosquito theory, and who have lived in malarial districts where both malaria and yellow fever have prevailed in epidemic form, who have had personal experience in the diagnosis and management of both forms, are fully persuaded that the large majority of the cases in our city diagnosed yellow fever, have been cases of malarial fever described by authors as "asthenic," adynamic and "pernicious types of malarial fever."

Those who claim these cases to have been typical cases of yellow fever, lay great stress upon certain points of diagnosis, (1) the lack of correlation of pulse and temperature, (2) albumin in the urine, (3) jaundice, (4) irritable stomach and pain upon pressure in epigastric region, (5) hemorrhagic diathesis (nose bleed, bleeding gums, hæmaturia, etc.)

Let us see what some of the best authors say about these symptoms and conditions:

Prof. S. M. Bemis of New Orleans, La., says: "The slow pulse which coexists with elevated temperature is a point of diagnostic value, *but it must* be remembered that this symptom *is not* peculiar to yellow fever. I have noticed this lack of correlation of pulse and temperature in cases of dengue, and it is frequently found in ordinary cases of jaundice."

Dr. William Osler of Johns Hopkins' Hospital, says: "The presence of albumen in the urine upon which some writers lay such stress as a distinguishing feature in yellow fever, is far too common a symptom in all forms of malaria to be worth much as a guide." Again he says: "Yellow fever simulates closely, and

may be mistaken for ordinary malarial fever of remittent type, and vice versa."

Dr. Adolf Strumpell, director of medical clinic at Erlanger, says: "In mild cases the symptoms *are not* distinctive, and the diagnosis not likely to be reached except by an experienced observer, and, even by him, more or less conjecturally. The only disease which can well give rise to confusion is remittent with jaundice." He also states that, "fear, anxiety, worry, or anything which tends to depress the nervous system, increases the danger." I would like to ask, what could create more fear, anxiety, worry, or nervous depression that to have a troop of experts (?) visit a sick room and have them discuss the symptoms, and declare the patient sick with such a dread scourge as yellow fever? I think that one or more of the fatal cases in our recent epidemic (?) was probably due to this cause.

In his description of remittent fever, Dr. Stumpell says: "The symptoms are those of a severe constitutional infection; gastro-intestinal symptoms may predominate, there may be jaundice, hæmaturia, and even general hæmorrhagic diathesis; sometimes the urine has considerable albumen. Genuine nephritis is met with in graver varieties of the disease."

Dr. Austin Flint, who had large experience with both yellow and malarial fevers, says, on diagnosis: "The access of the disease and symptoms *during the febrile stage* present nothing distinctive; all observers agree that it is often difficult to arrive at a positive diagnosis." In his clinical history of remittent fever he says: "Early in the fever nausea and vomiting *generally occur,* and are frequently prominent symptoms; pain and uneasiness is usually referred to the region of the stomach, and there is tenderness over the epigastrium,—the urine is scanty, often albuminous, and jaundice appears in a certain proportion of cases. *This disease differs much in severity at different times and places, and in different cases at the same time and place.*"

Let me say, in conclusion, that these twenty-two cases of alleged yellow fever covered a period of twenty-eight days in a city of 60,000 people, who were advised that "There is no danger; let the fair go on; keep your schools, theaters and churches open; do not worry." The only thing done to prevent the spread of this infection, outside of cleaning up an already clean city, was *State quarantine.* I would like to ask, can *any* city in our State show a cleaner bill of health during the time of our infection (?) than San Antonio?

Anent the Fever Situation in San Antonio.

BY DR. L. L. SHROPSHIRE.

Editor Texas Medical Journal:

"Truth is violated by falsehood, and may be equally outraged by silence."

* * *

It is said that patience sometimes ceases to be a virtue. That this time has arisen in our city goes without saying. The situation has been so grossly misrepresented that I feel that I am recreant to my duty to the profession of the State in keeping silent any longer. That we have yellow fever in San Antonio no sane man can gainsay, but that the true situation is known I doubt seriously.

The disease was early recognized by some of our leading practitioners, and when our most competent and efficient State health officer arrived upon the scene with his world renowned assistant in the person of that noble warrior, the late lamented Dr. Murray, a large majority, at least 90 per cent, of our profession laid aside prejudice and self-aggrandizement, came nobly to his assistance, acknowledged the situation and proffered their services in every way possible to stamp out the malady. But just at this juncture a meager few of our number—not more than five or six—arrayed themselves against the State health officer, the United States marine surgeons and more than 90 per cent of the most respectable element of the local profession, and took the stand that this prevailing disease was anything from the mildest forms of dengue to the most virulent form of malignant malaria.

In the first place, they took their stand without autopsies or requesting the courtesy to be taken to see a case which had been diagnosed yellow fever; but after a good deal of urging they at last saw one or two cases and autopsies; and then came the deluge of diagnotic acumen thrust upon an unsophisticated public through the daily press, that would turn old Esculapius over in his grave. It was called "acute yellow atrophy of the liver," "malaria fulminated with dengue," "pernicious malaria," "yellow jaundice," "dengue fever," "*nephritis of the kidneys*," and many other equally ridiculously named diseases. The wish being the father of the thought with the laity, they took up the ball and kept it rolling, talking and writing more nonsense about yellow fever than was ever heard before, and, I trust, will ever be heard again. When these sages of the malarial theory were pressed as to the microscopic examination of the blood, they would say that

it "used to be a science to make a diagnosis of malaria, but now you fellows have to have a microscope and some of the blood to tell whether or not a patient has malarial fever." Another would pride himself that, he "never looked into one of the damn things and never expected to." We can pass up and excuse such ignorance of diagnosis except when it comes to defaming the fair name of our loved and honored city by publishing to the world that she is a hotbed of pernicious malarial fever with a death rate of nearly 50 per cent of those who are so unfortunate as to contract it.

That the climate is almost free from malaria in any form is a well known fact, and it has not been long since these very same men have publicly announced that we never have malaria in San Antonio. The inevitable result of this stand, the so-called "honor roll" of physicians consisting of five or six men has taken, has led most of the victims of the disease to send for one of these so-called "saviors of the people" who has treated them for malaria, dengue, etc., with the lamentable result that can best be told by the undertaker. Many people have had the disease in a mild form, for it certainly is a mild form, as the death rate at Laredo shows, and have failed and refused to send for physicians at all, therefore their cases have not been recorded. In fact, most of the cases which have been reported at all have not been reported until it was patent that some one would have to sign a death certificate very soon. The medical profession has been presented with the proposition of boycott and other dire disasters if they reported cases of yellow fever. We have been derided and ridiculed in the most amusing and outrageous manner by the people and the press. Men have dared us to show them black vomit, offering to drink all we can produce, and others have offered to sacrifice themselves upon the altar of fame by daring us to turn the so-called infecto-mosquitoes loose upon them, but as our statutes make no distinction between willfully murdering the sane and insane, we were compelled to decline the proffer. Those doctors who would be the first to resent the insult of being called unprofessional gentlemen, have aired themselves and their medical opinions in the lay press in the most ridiculous manner, so much so that many of our intelligent laymen have ridiculed their statements beyond measure, and have upbraided us because we did not do just what these gentlemen were anxiously expecting, answer their harangues through the same media. The profession of San Antonio is to be congratulated upon the fact that it has kept its head, and has not entered into fruitless and endless discussions of scientific subjects in the lay press. In these many newspaper interviews and articles, they have

distorted and perverted the facts demonstrated upon autopsy, and have misled the public in many artful and designing ways. They have made it appear that one single infecto mosquito ("if it be the mosquito") has hovered over our city for weeks, and has descended at intervals of days, and at distance of miles, down upon one certain individual and has taken his flight to other remote parts, and infected another subject, and so on until he had reached all of the twenty-five or thirty cases reported. They have been prodded by the profession and many intelligent laymen about the use of the microscope, and the plasmodium until they have been compelled to shift anchor, and suddenly find an epidemic of acute yellow atrophy of the liver, a very uncommon disease; so much so that many physicians go through life without ever having the opportunity to see one case. They have told the public that the black vomit "was not black vomit at all, but simply hemorrhages of the stomach, which is a common occurrence in malaria and dengue." In giving their opinion upon a post-mortem when there was evidence of black vomit trickling from the corners of the mouth, they have been heard to say that "anybody could tell she was a snuff dipper." They have absolutelv and persistently denied the fact that it is necessary to have an enlarged spleen in pernicious malarial poisoning. They have charged the authorities with not screening these patients when they knew, if they knew anything at all, that the cases were not seen until after the fifth day of illness, and that it was not necessary at that late day. What these men could expect to accomplish by their persistent and unheard of policy it is hard to say.

Does it become medical men to array themselves against the national and State authorities and attempt to hamper and obstruct their work? Do they expect by their unwise course to crown themselves with temporary laurels, and by their action gain the applause and commendation of the business world, when they must know from what they have seen and from the surrounding circumstances that they may be mistaken, and that lives as precious and as valuable as their own, may be sacrificed by their action? No, as Lincoln has said, "they may fool all the people sometimes, and some of the people all the time, but they can not fool all the people all the time." After the governor's proclamation had been issued we had yellow fever *de jure* if not *de facto;* then would it not have been more professional and more patriotic for them to have laid aside their selfish motives, offered their hands to the authorities to assist in every way possible to stamp out the disease whether it be yellow fever, pernicious malaria or whatnot?

"Truth crushed to earth shall rise again,
The eternal years of God are her's,
But error, wounded, writhes in pain,
And dies among her worshipers."

After it is too late these very same men will seek and hide behind the greed of commercialism and say "we tried to save you, but alas! our efforts have been in vain, and now we must accept your condemnation for our illadvised bigotry and unpardonable ignorance." Fortunate indeed for them an all-wise Providence has blessed us with cold weather, which may check or stamp out the disease, but without this they would soon be seen in sack cloth and ashes importuning the forgiveness of an outraged public.

The Situation and the Medical Profession.

BY DR. F. PASCHAL.

Editor Texas Medical Journal:

The organization holding together the medical profession of San Antonio has, during the past five or six eventful weeks, been put to a severe test, and I am glad to be able to report that the plan upon which that organization was accomplished has not been found wanting.

As soon as Drs. Tabor and Murray had demonstrated beyond a doubt that yellow fever existed in San Antonio and had called upon the profession for support in an effort to control the disease, the strongest possible influences were exerted by politicians, with selfish ends to gain, and by certain other misguided citizens, to break up the profession into factions for the purpose of destroying its influence. No amount of bluffing or cajoling, however, could influence the physicians of the city to desert the path of honor and duty for the purpose of gratifying personal grudges and promoting selfish ends. Almost every man showed a willingness to put aside personal likes and dislikes and to stand with the majority for the good of the city and the honor of the profession. In scarcely a single instance did the desire to discredit and humiliate a rival influence a physician to turn his back upon what he knew to be his plain duty. I do not pretend to say that the four or five physicians who did oppose Dr. Tabor and the united profession of the city, were dishonest in doing so. They were certainly entitled to their own opinion as to the right and wrong course under the circumstances.

The smallness of their number, however, illustrated how few were misled into following the leadership of men who, for sake of personal aggrandizement, refused to co-operate with the duly constituted authorities in their efforts to eradicate a disease which had at least been officially declared to be yellow fever.

The following is a list of those who actively co-operated with the authorities:

PHYSICIANS WHO ACTIVELY CO-OPERATED WITH THE HEALTH AUTHORITIES.

Drs. F. Herff, A. Herff, J. Herff, J. Braunnagle, F. H. Hicks, M. J. Bleim, T. T. Jackson, J. S. Lankford, L. L. Shropshire, Robt. E. Moss, B. F. Kingsley, G. G. Watts, W. B. Russ, T. P. Lloyd, P. Baldesarelli, W. L. Barker, H. D. Barnitz, J. H. Bell, E. Bennett, L. M. Berg, J. H. Bindley, H. A. Blair, S. Burg, A. Burke, J. H. Burleson, R. Caffery, H. J. Chapman, E. C. Clavin, P. J. Cleary, E. Cross, P. J. A. Cleary, J. L. Davis, C. M. Decke, A. D. Dupuy, E. H. Elmendorf, E. C. Evans, R. A. Goeth, M. L. Graves, J. H. Harrison, E. F. Hertsberg, J. M. Hooper, E. T. Hughes, C. E. Keller, J. W. Kenney, J. Kingsley, S. T. Lowry, W. E. Luter, C. F. Mason, F. Paschal, A. S. McDaniel, G. H. Moody, J. H. Moore, T. E. Moore, J. P. Oldham, A. O'Malley, R. L. Porter, C. W. Rabb, R. Robinson, J. P. Rote, F. Terrell, S. Trevino, H. J. Trollinger, C. Warfield, J. Watts, R. L. Withers, W. M. Wolf, F. E. Young, J. Greenwood, W. L. Allinson, Geo. Fegan, C. C. Quillian, Chas. W. Taylor, G. G. Clifford, J. E. Gardiner, J. D. Bell, J. F. Hines, R. Menger and C. A. Wilson.

The physicians who did not co-operate with the health authorities are five in number, and their names were placed on "the roll of honor."

News and Miscellany.

THE South Texas Medical Association meets in Galveston December 8th and 9th.

THE annual meeting of the Austin District Medical Society and election of officers will be held in Austin December 22nd. Full and interesting program, and a good supper.

The danger o'er, the patient is delighted;
God is forgotten and the doctor slighted.

"Why does the poor man gasp, papa,
Why does he gasp for breath?"
"He's heard of a man with a public job
Who worked himself to death."

According to an Austrian professor, water may be sterilized and made harmless and palatable all in five minutes by using the following solution, adding three drops to a gallon of water. Water 100 parts, potassium bromide 20 parts; then after five minutes add 3 drops of a nine per cent solution of ammonia.

Dr. Gartner, of Vienna, has just patented an instrument which records the pulse of a patient under the influence of anesthetic. The instrument is fastened to the forearm and a graduated disc records the increase or retardation of the pulse. The experiments in the hospital of Vienna succeed marvelously. It is hoped by means of it to prevent death during operations.

From the *Medical Age* we cull the following narrative, which is said to have occurred in Philadelphia: Miss Death, the daughter of an undertaker, suffered from appendicitis and was operated upon by Dr. Dye who placed her in charge of two nurses, namely, Miss Payne by day and Miss Grone by night. In spite of the gruesome combination the patient made a rapid recovery."

The Perils of Microbe-Dodging.—"Microbes snatch at us from around every corner." according to Eugene Wood in the November "Everybody's." "We can get on the good side of a dog by patting his head, and we can please the cat by scratching her under the chin (if she doesn't scratch first). We can tame other animals by giving them food or by putting the weight of our hand on them. If they won't be petted or tamed we can pick up a rock and let them have it between the eyes. But when a creature has no tail to wag and nothing to purr with, how can we pet it? How can we, without getting a crick in the neck, stoop down far enough to say "Pretty Microbe!" to something that is to us as a grain of sand is to Mount Blanc. If it comes to exterminating them, what chance have we with a creature that every two hours breaks into two pieces,

each of which is a perfect organism, ready in another two hours to break into two again, and each of these halves to break in two in another two hours, and so on and so on until in three days the progeny of one single bacterium numbers 4,772,000,000.000? Nobody can keep up with that rate of increase. Of all the discoveries made by science it seems to me that the most disheartening is the discovery of germs."—*Medical Herald.*

Death of Dr. Warren.—Dr. William Matthew Warren, general manager of the great business of Parke, Davis & Co., died at his home in Detroit, November 11, ult., age 39 years. The directors, executives and employes of the business met and paid a beautiful and merited tribute to his memory, and have issued it in connection with an obituary. Dr. Warren entered the service of Parke, Davis & Co. when only 17 years of age. He rose by real worth to be general manager, the highest position in the gift of the house, which position he had filled seven years to the date of his death. The Journal is in receipt of the sad news just as we go to press.

Dr. J. W. Talbot, Texarkana, Texas, will receive for treatment and give personal attention to cases of morphine, cocaine and chloral addiction.

Will Repair Your Electrical Machines.—Static and all electrical medical apparatus put in running order. I am also agent for electrical and X-ray apparatus. Oliver Brush, 710 Colorado Street. Austin. Texas.

New Orleans Polyclinic.—Seventeenth annual session opens November 2, 1903. and closes May 28, 1904. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught. including laboratory work. For further informaton, address New Orleans Polyclinic, postoffice box 797, New Orleans, La.

The Daily Medical Journal will be published January 1, 1904. We need a physician as staff correspondent in every town in

this State, to supply us with scientific, social, institutional and personal news, and will pay regular newspaper rates for this service. Instructions, stationery, and badge free. Address Mr. J. Antonowvitsch, 154 East Seventy-second street, New York City.

THE PATRIARCHS.—Our young friends, Drs. Bowers and Harrison, celebrated their anniversaries this week—the one 86 and the other 77 years of age—and both still in harness. May each reach a hundred.—*Columbus* (Tex.), *Herald.* Dr. J. M. Reuss of Cuero, Dr. Jo H. Reuss' father, and an old friend of the "Red-Back," celebrated his eightieth birthday December 12th, inst. The *Cuero Star* produced a picture of the venerable doctor, who is yet hale and hearty, and gave him a pretty editorial writeup.

SPECIAL OFFER.—I would call attention to the Upjohn Co.'s special offer (see advertisement). Drop them a postal card mentioning this, and you will hear from them. Their goods are recognized everywhere as standard. They give $5 for $1.

IN ONE of the most embarrassing positions possible, one which required infinite tact and self-control, Dr. Tabor has proven himself a man among men. His honesty and impartial consideration of every question concerning the quarantine at San Antonio and Laredo have won the respect of those who have differed with him most widely in regard to his opinions. and all concede his desire to do what is for the best interests of the State.—*State Topics.*

Yes, Dr. Tabor has shown himself to be the right man in the right place. Governor Lanham is to be congratulated upon the judiciousness of his seclection of Dr. Tabor for the high, responsible and difficult position of State Health Officer, and the whole State of Texas is likewise to be congratulated that they have, as head of the Public Health Department, a man of courage, intelligence and zeal. To his sleepless vigilance and knowledge of sanitary science, and the courage to buck against commercial interests for the protection of the public health, and face unjust criticism, is due our escape from a devastating epidemic.

MEMORIAL HOSPITAL.—At Richmond, Va., there has been built a magnificent hospital called the "Charlotte Williams Hospital,"

and also "Memorial Hospital." It is equipped in the most thorough manner. John L. Williams contributes $50,000 to the endowment fund. Dr. J. S. Horsley, recently of El Paso, Texas, and now of the faculty of the Virginia Medical College, and on the surgical staff of the hospital, contributes $5,000. There are a number of "funds" beside the endowment. The "Memorial Ward Building Fund," "Sustenance Fund" (to which the Medical College of Virginia gives yearly $6000) and the "Operating Room Fund." No profit is to be derived from the hospital.

Dr. J. W. Hudson of Milano, in "being good" and "doing it now," writes that the tear as big as a biscuit that I dropped when Dr. Bigike beat me out of five years subscription wasn't a circumstance to the one he dropped when he read "Doctors and Doctors," in the November number.

Quarantine against Laredo was raised November 30th, ult., after freezing weather. Total cases reported to that date, 1028; total deaths, 97.

The East Texas Medico-Chirurgical Society met in Palestine November 19th and 20th, with a full program, which was carried out, after which the society reorganized and began work under the new constitution and by-laws, which provides that the word association be used instead of society, and that the officers be elected in November instead of May, and the following officers were elected: E. W. Link, M. D., President, Palestine; John H. Joyce, M. D., Vice-President, Buffalo; F. B. Moore, M. D., Treasurer, Palestine; E. E. Guinn, M. D., Secretary, Jacksonville.

Now the hurly-burly's done, now the battle's lost and won, comes the aftermath. Our San Antonio letters, to which so large a part of this issue is devoted, furnish interesting reading and constitute a permanent record.

Death of Dr. Murray.—It will be remembered that Dr. R. D. Murray, the venerable Marine Hospital Service surgeon and yellow fever expert, was thrown from a carriage in Laredo some weeks ago and badly hurt. He died of pneumonia resulting from his injuries November 22d, ult. Dr. Murray entered the Marine Hospital Serv-

ice in 1872. He was a native of Ohio, and in his sixty-fifth year. The remains were interred at Bluffton, Ohio, the home of his son.

Dr. Tabor will go to Washington on the 6th inst. on official business, and return on the 20th. The Austin District Medical Society will meet on the 22nd and "yellow fever" will be served, red hot, I presume. Dr. Tabor and some of the San Antonio and Galveston doctors are expected to be present. Annual election of officers.

The Late Medical Director of Confederate States Hospitals—Some Remarkable Figures.—In the *Picayune* of November 3rd (ult.) is published a letter from Dr. C. H. Tebault, Surgeon-General United Confederate Veterans, to Mrs. S. H. Stout, Clarendon, Texas, in which Dr. Tebault, after expressing sentiments of the tenderest sympathy with the family in the loss of their distinguished husband and father and paying a beautiful and merited tribute to Dr. Stout's worth and work, says:

"It was to be expected that such people as constituted the South should have cared for with tender hearts and with their best efforts all prisoners of war in their midst, and such was the case. From first to last the Confederates held of Federal prisoners 270,000, and the Federals held of Confederate prisoners 220,000. Thus, with an excess of 50,000 more Federal prisoners, there died in Confederate hospital service 4000 less Federal prisoners than the Federals lost of Confederates in their hospital service.

"This historic fact in relation to the prisoners of war held by the Confederates must have proved a source of great consolation to your good husband and our loved comrade at the last supreme moment to feel and know how largely his own humanitarian administration had contributed to this superior result in behalf of the helpless Federal prisoners in our keeping, whom their own government persistently refused to exchange for our Confederates, while every possible effort on our part was made to obtain such exchange.

"Much more could be written of the splendid humanitarian work done and accomplished under the brilliant administration of Confederate hospitals under your husband and our comrade, but enough has been presented to challenge the attention of the historian, and for preservation by his children and grandchildren. With failing words to convey my own personal sorrow and abiding sympathy for you and for yours, I am, sincerely your friend."

Dr. Geo. J. Engelmann, the distinguished gynecologist, died November 16th, ult., aged 55.

Books and Magazines

THE MEDICAL NEWS VISITING LIST FOR 1904. An invaluable, pocket-sized, wallet-shaped book, containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice.

It is in its eighteenth year of issue. *The Medical News Visiting List* embodies the results of long experience and study devoted to its development and perfection. It is up to its usual standard of excellence.

A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES. Embracing the entire range of scientific and practical medicine and allied science. By various writers. A new edition, completely revised and rewritten. Edited by Albert H. Buck, M. D., New York city. Volume VI, illustrated by chromolithographs and seven hundred and sixty-three half-tone engravings. Price, per volume, ———. New York: William Wood & Co. 1903.

This volume contains 1004 pages, being somewhat larger than the preceding volumes, but in every way equal to them.

It is hardly possible to select for separate mention any particular articles, the contents of the book is of so high a standard. One might, however, mention the articles on "Muscles," by Prof. Simon H. Gage, Lydia M. Dewitt and Francis J. Shephard; on "Nasal Cavities," by Robert C. Myles; on "Parasites," by Henry B. Ward; on the "Nervous System," by Pearce Bailey, James J. Putnam, Wm. M. Leszynsky and Lewellys F. Barker; on "Opthalmological Topics," by John Green and Beaumont Small; on "Ovariotomy," by Hunter Robb; on the "Ovum," by Robert P. Bigelow; on the "Pelvis," by Frank Baker; on the "Pharynx," by Seth Scott Bishop; on "Pleurisy," by Frank W. Jackson; on "Pneumonia," by Andrew H. Smith; on "Poisonous Plants," by Henry H. Bushby; on "Poisonous Reptiles," by Gustav Langmann; on "Poisons," by Charles Harrington and R. H. C. Chittenden; on the "Prostate," by Arthur T. and Hugh Cabot; on "Ptomains," by Rudolph A. Witthaus; on the "Pulse," by Wm. S. Morrow; on "Reflexes," by Joseph Fraenkel; on "Reparative Surgery," by Joseph Ransohoff; on "Resection of Joints," by Frank Hartley, and on "Roentgen Rays," by Wm. C. Borden. This volume contains 764 engravings and nine insert plates in black and colors.

T. J. B.

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RADAEROTHERAPHY: LIQUID AIR AND THE X-RAY IN MEDICINE AND SURGERY. Reprints of papers by Dr. A. Campbell White, in *Medical Record, Journal American Medical Association, Interstate Medical Journal,* and *Medical Mirror.*

Dr. White has established a "Liquid Air and X-ray Institute" in New York for the use of physicians for the treatment of diseases of the skin, malignant and non-malignant, by these new therapeutic agents. Dr. White says that for "boils and carbuncles, liquid air is an absolute specific." This beautifully illustrated pamphlet is published by the Liquid Air and X-ray Institute, 537 Fifth avenue, New York, and a copy may be had free by mentioning this article.

THE WORTH OF WORDS. By Dr. Raley Husted Bell. With an introduction by Dr. William Colby Cooper. Third edition; revised and enlarged. Published by Hinds & Noble, 31-35 W. Fifteenth street, New York city.

No class of men in our elaborate social system is more in need of a select and elegant vocabulary than the modern practicing physician. His position in the social world is unique. Living as he does midway between the abstract truths of science on one hand and the popular conception of things on the other, he must be at once a philosopher and an interpreter. How often is he called upon to explain the nature of a patient's malady, to discuss some recent invention or discovery, to give advice, to warn. He must be equally at home at a banquet, with the sick in the slums or at the bedside of an elegant and sensitive woman. He must talk always—and he must please always. In conversation he must know how to be chaste, elegant, precise, cautious,—in short, he must know "The Worth of Words." J. M. L.

A TEXT-BOOK OF OPERATIVE SURGERY.—Covering the surgical anatomy and operative technique involved in the operations of general surgery. Written for students and practitioners. By Warren Stone Bickham, Phar. M., M. D., assistant instructor in operative surgery, College of Physicians and Surgeons, New York; late visiting surgeon to Charity Hospital, New Orleans, etc. Handsome octavo of 984 pages, with 559 ilustrations, entirely original. Philadelphia, New York, London; W. B. Saunders & Company. 1903. Cloth, $6, net; sheep or half morocco, $7, net.

In the construction of a surgical anatomy the two most important factors, it would seem to us, are thoroughly up-to-date text matter and an accurate and precise description of the princi-

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ples involved. The first of these, of course, all modern text-books worthy of the name possess, but unfortunately, the second is not so frequently accomplished. And one need not wonder at this when one realizes that in no subject in medicine do word pictures count for so little as in anatomy and surgery.

That such men as Wyeth, Senn, Halstead and Matas lent their assistance and encouragement to the above work is proof positive that the subject matter is above criticism. In the accomplishment of his second object the author has done much to elucidate matters by adhering strictly to an outline discussion of each operation, frequently comparing operations, conciseness of text, and above all, profuse illustrations. The last is by far the most pleasing, and consequently the most effective way of conveying an idea to the perplexed reader.

While realizing that this is by no means a perfect treatise on the subject, we take pleasure in recommending it as a practical one, assuring the reader that as far as our experience goes, it compares favorably with any similar work on the market. J. M. L.

Abstracts and Selections.

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The new building for housing the calves and performing the operations necessary to the propagation of vaccine is almost finished. It is on the site of the former one, which was razed to make room for it. A fuller description will be given later, but a statement of a few of its many advantages and conveniences may be of interest at this time.

This building is entirely of brick, has but one outside entrance and no windows whatever, being lighted by skylights of the most modern and approved form, fitted with prismatic glass, which diffuses a very strong light without allowing direct rays of sunshine to enter. Ventilation is had by means of powerful patent ventilators and electric fans. Thus the dust from outside sources is absolutely excluded, which is an important item in the production of pure vaccine. The building is heated by steam, lighted by electricity and provided with hot and cold water throughout.

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WRITE FOR LITERATURE.

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for a moment. The walls of this room are of pressed brick, enameled white, and the ceiling is arched or "coved," doing away with corners. The floor is of concrete, drained by a number of sewers. There is no wood in this room at all, even the racks on which the animals stand being iron, and these racks are scrubbed, sunned and sterilized daily, there being two complete sets. The room is cleaned daily by flushing with a hose.

The cleaning and sterilizing room adjoins the operating room. Both of these are practically porcelain lined, the walls being of glazed white tile with all joints enameled, making a continuous snow-white waterproof surface as smooth as glass. The ceilings are coved here also, doing away with corners. The light is from skylights and the ventilation through flues. Neither of these rooms has an outside door or window. The sterilizing room is provided with electric clippers, by means of which the calves from the quarantine barn are very closely clipped; then the calves are scrubbed in a hot antiseptic bath in the vats with which this room is provided. After being thus thoroughly cleansed they are shaved over the area to which the vaccine is applied. Then, being transferred to the next room, they are vaccinated and placed in the incubating room first described and fed on sterilized milk during the progress of the vaccinia which has been induced. It should, perhaps, be stated here that when the calves are first received from the farm they are placed in a quarantine station devoted entirely to their use, and are kept here for some time under the inspection of our head veterinarian, to demonstrate their entire healthiness, before being vaccinated.

The operating room is as clean and aseptic as that of a modern hospital. It is provided with all necessary apparatus, and, like the operating room of the antitoxin laboratory, is considered without an equal.

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Taken as a whole, nothing has been left undone that science

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could suggest and money could procure that would tend to make this portion of our antitoxin and vaccine establishment ideally perfect.

Adrenalin and It's Uses in General Surgery.

Under the above title an article appears in the October issue of the *Indian Medical Gazette,* from the pen of Harry Gidney, F. R C. S. (Edin.), D. P. H. (Camb.), etc. The author finds that "the clinical usefulness of Adrenalin is very great and extensive, and owing to its power of rapidity and effectively producing vaso-motor constriction, it is adapted to the treatment of all inflammatory conditions. The drug is also of extreme value in arresting hemorrhage during all surgical operations. It is indicated whenever and wherever any local hyperæmia exists, more especially in inflammations of mucous surfaces, such as those of the eye, throat, larynx, pharynx, urethra, bladder, nose, rectum, vagina, uterus, stomach, etc. It is used not only to stay hemorrhage when it exists, but also as a preventive or controlling remedy, given either internally or externally prior to an operation, so as to lessen the amount of bleeding during the performance of that operation. It is a non-irritant to mucous membrane unless when used too frequently and in excess.

"On reading the literature on the subject," says the writer, "I find that Adrenalin is admitted to be the most powerful and rapid cardiac stimulant and toxic we have, being chiefly used in cardiac affections, hæmatemesis, hemoptysis, hemophilia, hematuria, menorrhagia, post-partum hemorrhage, purpura, scurvy, etc. It is said to be the most rapid restorative in chloroform and other forms of anesthetic syncope, and in such cases it is advisable to administer it intravenously."

The author resports the results of several operations, major and minor, in which Adrenalin was employed. The first case was one of fracture of the vertex of the skull. As one of the larger branches of the middle meningeal artery had been torn there was profuse dural hemorrhage and capillary oozing, which were controlled by the use of the 1-1000 solution. In the second case, one of hemorrhoids, profuse bleeding was checked by the rectal insertion of a plug of cotton wool soaked with Adrenalin Chloride Solution.

The third case was one of skin grafting in which the author tried pressure to stop the capillary bleeding. As the procedure was somewhat tedious he applied Adrenalin Chloride Solution with almost immediate cessation of all oozing; and what is usually a

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lengthy and sanguinary operation was converted into a short and comparatively bloodless one.

The fourth case, one of hemorrhage after the extraction of teeth, and the fifth, which appears to embrace the author's experience in a number of cases of opistaxis, afforded additional opportunity to test the hemostatic effect of Adrenalin.

In case VI a post-partum hemorrhage was checked by swabbing the uterine cavity with Adrenalin Solution, while the same happy result was obtained in a case of secondary hemorrhage following an operation for the relief of a mammary abscess.

The author has found that the instillation of a 1-5000 to 1-2000 solution of this drug reduces the inflammation and considerably cuts short the process of conjunctivitis. He usually applies it (diluted) over the inflamed parts by means of a soft camel's-hair brush. He always uses the preparation containing Chloretone, which has a decided local anesthetic action relieving much of the photophobia and pain. He is fully convinced of the power of Adrenalin to arrest or lessen the bleeding that arises from the cut ends of the iris after iridectomy. He speaks highly of its efficiency in chemosis, cataract operations, evisceration of the eyeball, operations for ectropion, symblepharon and trachomatous pannus.

The author concludes that in all cases of minor surgery in which it is desired to arrest bleeding from any cut or exposed surface we have in Adrenalin a most useful, powerful and rapid drug—one that is non-poisonous, non-irritant and non-accumulative, especially in operations upon the conjunctiva and eyelids.

Publisher's Department.

EPILEPSY.—Report of Dr. Willis P. King, Kansas City, Mo.: Mr. X., age 39; farmer. When six years of age had a fall, which

was followed by unconsciousness. Twelve years later experienced his first epileptic seizure. Seizures had increased in frequency and severity until about five months ago, when patient presented himself for treatment. He was having his paroxysms every other day. Was extremely despondent and had suicidal intentions. Began the use of the R. H. Lymph-Compound in 11-drop doses twice daily, rapidly increasing dosage to fourteen drops. Patient had no seizures from the third to the tenth day of treatment. The dose of Lymph-Compound was then reduced to eight drops twice daily, and gradually increased to ten drops, this dosage being maintained for eighty-six days. Patient has had no seizure since tenth day of treatment. Over three months have now elapsed since treatment was discontinued, and the patient is apparently well.

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I have the pleasure of telling you of a most remarkable experience had with the bottle of Ecthol you kindly forwarded me last month. When I received the sample of Ecthol I had been treating a young man about ten days for what I diagnosed as ulcer of the stomach. For a year before coming to me he had occasionally seen dark colored blood in his alvine discharges, and now and then he had vomited blood of a lighter hue. There was an indurated spot on the body of the stomach, about twice the size of a silver dollar, which had been giving him trouble for some time. Could trace no history of cancer in his family. After putting him on teaspoonful doses of Ecthol four times a day he came to my office and smilingly told me the hard spot was gone. I examined him and found it to be true. During this last week he had been on Ecthol alone. The vomiting had also ceased, and he had gained in bodily vigor. Gave him a second vial of same, cautioned him as to eating and exercise, and discharged him in fine spirits. I wonder if this case can be matched?

JOHN F. NEAL, M. D.

A DOCTOR'S EPILEPTIC SON.—My son is doing splendidly; has had only one paroxysm in five months, which I am confident was caused by reducing the dose of Neurosine. I am determined to persevere in this treatment. Am having many inquiries from physicians as to the merits of Neurosine and I recommend it to those who have cases of epilepsy.

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LITERARY NOTE.—"A classic is a book that lives because it says rightly what is worth saying. It lives because readers continue to love and admire it. Briefly, it is a book which is too good to die."

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THE

TEXAS MEDICAL JOURNAL.

ESTABLISHED JULY, 1885.

PUBLISHED MONTHLY.—SUBSCRIPTION $1.00 A YEAR.

VOL. XIX. AUSTIN, JANUARY, 1904. No. 7.

Original Contributions.

For Texas Medical Journal.

The Controlling Influence of Environment in Epidemic Infectious Diseases.*

BY J. W. M'LAUGHLIN, M. D.,
Professor of Medicine, Medical Department University of Texas, Galveston, Texas.

The knowledge which has been acquired in the past thirty years, directly and indirectly, from the pursuit of bacteriological studies, has probably done more for the advancement of medicine than has been accomplished within the past hundred years by knowledge derived from all other sources. A comparison of the present scientific status of bacteriology with that which it occupied only a few decades ago, will show not only the marvelous growth of the science, that this resulted from discovery of facts in this branch of learning following other discoveries of similar truths in rapid succession, but that the human mind does not receive and fully comprehend the scope and relations of important and far-reaching facts when they are presented in such rapid succession. It would, indeed, be strange if many of the discoveries in bacteriology have not been displaced in the mind of observers by more recent discoveries, before the former had been thoroughly digested. Indeed, the failure, as I believe, to fully appreciate the effect of attenuation of micro-organisms—(discovered by Pasteur in 1850) —upon the development and type of infectious diseases has furnished the theme of this paper.

*Read at the meeting of the Austin District Medical Society, December, 22, 1903.

Long before infectious epidemic diseases were known to be caused by an invasion of pathogenic micro-organisms, the influences of climate, season, sunlight, cleanliness, etc., in modifying the type of the disease, or epidemics, even in preventing them, were clearly recognized, and the term "epidemic condition of the atmosphere" was often used to describe a condition favorable to the spread of an epidemic. Exactly how environmental influences modified the type of epidemic diseases, for example, smallpox and yellow fever, was not then understood, and even now the mildness in the type of smallpox, which has recently prevailed somewhat extensively in many of the States, has been ascribed by writers to changes wrought within the main body, rather than to environmental conditions without the body.

That the remarkable mildness in type, in the recent epidemic of smallpox, is not solely due to immunizing conditions, which have been produced in people of this age by a thorough enforcement of general vaccination measures, is borne out by the following facts: First. Vaccination gives protection only to persons who have been vaccinated; the protection is in no degree transmitted to their children, and could not, therefore, modify the virulence of smallpox in those people. Second. Mild and severe epidemics of smallpox have appeared at times before vaccination was known. "The virulence of the smallpox agent—(Immermann, 'Nothnagel's Encyclopædia of Practical Medicine')—is in all probability very variable, as is assumed for other disease poisons (scarlet fever virus, etc.). Besides the different degrees of individual susceptibility, this second factor has a marked influence on the severity of prevailing smallpox cases. This difference of virulence was most clearly expressed in the pre-vaccination period, in which mild and grave smallpox epidemics were distinguishable, just as we now distinguish mild and severe epidemics of scarlet fever, measles, etc., the varying character of which can be explained only by the assumption of a temporary difference in virulence of the exciting principle." O. J. Potter calls attention (Osler's "Practice of Medicine") to the fact that John Mason Good, in his "Study of Medicine," describes a number of very mild outbreaks of smallpox, some of which were mistaken for chickenpox. Sydenham, in the seventeenth century, stated that "smallpox has its peculiar kinds, which takes one form during one series of years, and another during another."

It is a matter of history that upward of a hundred years ago yellow fever, often of malignant type, appeared in epidemic form, and in a succession of years, in New York, Philadelphia, Boston,

and along the Atlantic seaboard, in every town of commercial importance from Maine to Florida.

La Roche says that (Sternberg, "Twentieth Century Practice, Medical Supplement") "Dr. Rush and others laid great stress upon a quantity of damaged coffee which was exposed, during the latter part of July, in a place (on the wharf and adjoining dock) in Philadelphia, and under circumstances which favored decomposition. Its smell was highly putrid and offensive, in so much that the inhabitants of the houses in Water and Front Streets, who were near it, were obliged in the hottest weather to exclude it by shutting the doors and windows. Every person who only walked along these streets complained of the intolerable fetor, which upon inquiry, was constantly traced to the putrid coffee."

Yellow fever has disappeared from the latitudes of Philadelphia and Boston, and there has been no epidemic of the disease there since 1802, and, although it has been carried there time and again since that date, the disease will no longer develop. Are the conditions once favorable to the development of yellow fever, but now unfavorable, due to environmental changes, or to a disappearance of the intermediate host (the *Stegomyia fasciata*)? A case in point, the disappearance of malaria from England, will, perhaps, afford an answer to this inquiry. Nutall, L. Corbett and Strangeways Pig (Marchiafava and Bignami, "Twentieth Century Practice, Medical Supplement") who have gone into this subject, have reached the following conclusions: First. The disappearance of malaria from England is not due to the disappearance of the malaria-bearing mosquitoes. Second. *A. maculipennis, A. bifurcatus, A. nigripes* are found in districts that were once malarial as well as in non-malarial districts. Third. The disappearance of malaria is due to improved drainage, the reduction of the population in malarial districts, and the general use of quinine.

In Italy, Celli and Gasperina pursued researches in the Tuscan Maremma, in which there are *anopheles* but no malaria. People fell ill there from fever acquired in neighboring localities, as Sardinia, who might infect the mosquitoes, but the fact remains that autocthonous malaria does not occur.

The failure of yellow fever to spread into epidemic proportions in San Antonio during the fall months this year, when the opportunities were so very favorable, for example—yellow fever cases and the *Stegomyia fasciata* in great numbers, can, it seems to me, be due only to unfavorable environmental conditions existing at that place.

Now, with this presentation of the subject, I will submit an ex-

planation of the class of phenomena mentioned, based upon a reasonable interpretation of existing knowledge of pathogenic micro-organisms and the relation they bear to infectious diseases. A brief statement of bacteriological facts is necessary to this explanation.

Infectious diseases are caused by micro-organisms which are specific in etiology, in that each kind of disease is caused by a specific micro-organism, and are specific in reproduction, in that they breed true. A micro-organism that is infectious to one species of animal may be innocuous to another species, or to a variety of the same species of animal. Micro-organisms, when suitably environed, are capable of producing in an artificial culture medium, or in the tissues of the human body, specific metabolic products. Those produced in the human body may be, and doubtless are, the essential causes of the specific lesions and clinical symptoms of the resulting infectious disease.

The following list, according to Gotslich, comprises the principal known products obtained by growing bacteria in artificial culture media: CO_2, H_2, CH_4, H_2S, NH_3; nitrates, water, sulphur; volatile substances, trimethylamine, alcohol, formic acid, acetic acid, propionic acid, butyric acid; oxyacids and polybasic acids, lactic, malic, succinic, oxalic and tartaric acids; amides, such as leucine, alanine, etc.; aromatic bodies, tyrosin, phenol, cresol, hydroparacumaric acid, indol; pigments, carbohydrates; peptones; alkaloidal and albuminoid poisonous substances—ptomaines and toxins; and hydrolytic ferments."

It is generally conceded that the pathogenic micro-organisms, which have invaded the animal body, are not the cause of its infection, but this condition is a result of the action of the poisonous substances—toxins and toxalbumins produced, and as they are the essential causes of the clinical symptoms and pathological changes, the virulence of the type of the disease will, therefore, be in direct proportion to the quantity of such poisons elaborated in the tissues of the body.

Now, it has been repeatedly demonstrated that the capacity of a living species of micro-organisms to produce metabolic products in the culture medium in which it grows and multiplies, is not an invariable quantity. On the contrary this capacity of the micro-organism may be decreased in any degree, even to total extinction, and the condition of attenuation, as it is termed, may be made permanent, temporary, or it may be reversed and the capacity restored without causing apparent injury to the micro-organism. These important truths are fully discussed by Frankel, and I shall

take the liberty of quoting at some length his remarks upon this subject:

"In the year 1880 Pasteur surprised the scientific world by the discovery that under certain circumstances the micro-organisms of chicken cholera lose their virulence, to a greater or less extent, without showing any change in their appearance, way of growth, etc.

"Toussaint and Pasteur found that anthrax bacilli could be deprived of their virulence in like manner; and the same fact has been proved with regard to swine erysipelas, symptomatic anthrax, the pneumonia bacteria of A. Frankel, and some others.

"This diminution of virulence is the result of two essential different causes. The one which we call the natural cause has recently been fully elucidated, particularly by Flugge. It is a gradual diminution of infectious power in bacteria which we compel to vegetate for a long time separated from their natural conditions of growth, on our artificial food media, and under the atmospheric conditions of our laboratories. By a gradual adaptation to the altered, saprophytic way of life, or by a progressive selection of such cells as are naturally more capable of adopting this altered way of life, the original capacity for development within a foreign body diminished more and more. As an outward sign of the change which has taken place, we observe that the culture now shows a much more luxuriant and rapid growth on the lifeless food medium than was at first the case, when the conditions were yet new and strange. Not all the pathogenic bacteria possess this power of 'cutting their coat according to their cloth' and adapting themselves to outward circumstances. Some cling with marked tenacity to their proper character, which they do not leave even when compelled to exist for years outside the body. Others, as the bacilli of glanders, the streptococci of erysipelas, Frankel's pneumonia bacteria, the diphtheria bacilli, etc., lose their virulence very rapidly.

"A similar phenomenon was observed in the case of the saprophytic bacteria. Hueppe and his pupils have shown, for instance, that the sour-milk bacillus, when bred continually and uninterruptedly on our artificial foods, lose the capacity for effecting the changes from which they take their names, and Hueppe even speaks of this as a loss of virulence in the micro-organisms.

"It lies in the nature of things that this diminution of virulence takes place gradually, proceeding step by step, and not with one great leap. Therefore, we are often able to interrupt the process at a certain stage, or even to retrograde and undo the work already done. The best, and indeed the only, means to this end is to give

back to the partially weakened cells their natural conditions, and endeavor to re-accustom them once more to their former way of life.

"In the case of pathogenic species, we attempt to inoculate them into the animals most susceptible to them. If this fails, we can have recourse to methods of increasing the natural susceptibility of an animal artificially. Should this prove successful, and the micro-organism once more establish itself on its natural soil, one may reckon with some degree of certainty, on its recovering its former power.

"In direct contrast to the phenomena hitherto discussed, is a second mode of diminishing the virulence of micro-organisms, which leads to the same final results. That which brings about the diminution is, here, not the long-continued influence of altered (but not necessarily worse) conditions of life; it is the action for a short time, of influence directly prejudicial to the bacterial protoplasm.

"In fact, all the means employed to produce artificial diminution of virulence in pathogenic bacteria are such as, if applied in a slightly stronger form, would cause the destruction of the cells, and would kill their contents.

"Thus we breed bacteria in media to which a certain quantity of antiseptic or disinfecting substance has been added, but which just allows the microbes to exist and grow upon them. Such, for instance, as the process of Roux and Chamberland for diminishing the virulence of anthrax bacillus, by cultivating it in a bouillon with the addition of bichromate of potassium (1 to 5000 to 1 to 2000); and that of Toussaint, by mixing about 1 per cent of carbolic acid with blood containing anthrax bacilli.

"In a similar manner—i. e., as a disadvantageous form of nutrition—the organism of certain animals is found to act, namely: those animals which are insusceptible, or but little susceptible, to the particular kind of bacteria which we desire to weaken. Thus the bacilli of swine erysipelas lose their virulence to a certain extent when passed several times through the bodies of rabbits, as has been proved by Pasteur and Kitt.

"Chauveau robbed the anthrax bacilli of their poisonous property, by breeding them under a pressure of eight atmospheres, and Airlong found that 'sunlight is capable of weakening these same bacilli, and even their spores.'

"By far the surest and most commonly used procedure is the exposure of the micro-organisms to the influence of high temperatures.

"Toussaint kept blood containing anthrax bacilli for ten minutes at 55° C. The bacilli were by no means killed by the heat, yet they were rendered harmless by it. Pasteur, for his experiment on a large scale, employed a considerable lower degree of heat, but he had not given full particulars of his method, so that no definite judgment can be formed regarding it. We, therefore, owe our thanks to Koch and his coadjutors, who once more approached this question in a methodical, strictly scientific course of experiments, with a view to ascertain the effects of heat in diminishing bacterial virulence by studying the anthrax bacillus—the best known and most suitable species for this purpose.

"Koch, Gaffky and Lœffler found that at 45° C. a diminution of virulence was perceptible in the cultures.

"They further discovered the important fact that the lower the temperature is by which a diminution takes place, the longer it takes for such diminution, but at the same time the more permanent are the effects.

"Even variations of a fraction of a degree are here important. While anthrax bacilli can be rendered perfectly harmless in nine days with 43° C., it requires twenty-four days if we only employ 42.6° C.; but in this latter case the new quality of the bacteria has become so thoroughly a second nature to them that they can not throw it aside again. They not only keep it throughout their own life, but they even transmit it to their progeny. In fact, we can breed from them as many generations as we will of fully harmless bacteria.

"If we endeavor to diminish virulence under the influence of higher temperature more quickly—in a few days—the bacteria regain it with proportional rapidity.

"But their virulence can not be destroyed at one blow. Before the micro-organisms part with it completely they pass through a number of intermediate stages, each of which, with the amount of virulence still remaining, is sufficient to affect certain animals, the efficacy of the poison remaining longest for those most susceptible to it. Bacilli of twenty days will kill guinea pigs; those of ten days, rabbits; those of six days, sheep, etc.; and this degree of partially diminished virulence can also be preserved throughout generations of cultures.

"And even if the above statements may not, perhaps, always be borne out in practice with perfect exactitude in all cases, that does not change the incontestably proven scientific fact that bacteria of a high degree of virulence may lose this quality for a longer or

shorter time, or even permanently, and to any extent, up to its complete extinction.

"Something similar has been observed in the saprophytic species also. Many pigment bacteria, under the influence of high temperature or of culture media little suited to them, lose the faculty of forming coloring matter, and sometimes do not regain it under normal circumstances until after a considerable lapse of time.

"Why can the former grow and multiply in the bodies of susceptible animals and the latter can not?

"The circumstance that all the influences which rob the bacteria of this, their (to us) most important capacity, are such as are injurious and hostile to them would lead to the supposition that an extensive degeneration of the cell protoplasm took place, which would show itself in other places also. Yet this is found to be the case to a very limited extent only. The harmless anthrax bacillus has the same appearance and the same forms as the normal anthrax; its separate members show the same formation; the contents are as clear as crystal and homogeneous; the rods are motionless; they divide and produce spores, as before. On the gelatine plate and in the needle-point culture, we observe the same sort of growth; in short, there are no really striking differences."

The conclusions which follow this statement of facts will be summarized as follows:

First. The pathogenicity of micro-organisms is not a constant, invariable quantity.

Second. The pathogenic activity of a micro-organism varies directly with its capacity to manufacture disease-producing substances—toxins and toxalbumins.

Third. The capacity of micro-organism to manufacture toxins or toxalbumins is affected by certain natural and artificial agencies; the change effected in the micro-organism is called "attenuation."

Fourth. The agencies or means used to attenuate germs; that is, to decrease their pathogenic activity, are unfavorable culture media, or are conditions of life in which the germs are compelled to grow.

Fifth. Sunlight is a powerful, natural attenuating agent.

Sixth. In the light of these facts I feel justified in the belief that there are other natural means of attenuating the micro-organisms of disease, and, in this way, of modifying the type of epidemics, or of preventing their development.

The environmental conditions, for example, of cleanliness of the person, of the home, and of the municipality; of pure air in the home, the office and place of business, in the school room, church, and in all places where people congregate and germs find a

breeding place; of drainage, temperature, humidity, altitude and climate, are believed to be very important factors in determining the growth and the physiological capacity of germs to manufacture disease-causing poisons.

I also recognize, but will not discuss at this time, the influence of environment in effecting the individual resistance to disease; the important role of mosquitoes and other insects in transmitting the germs of disease from the sick to the well, and the possibility that they, under certain unknown conditions, may, themselves, attenuate the germ they transmit, and in this manner may modify the type of the disease thus caused.

For Texas Medical Journal.

The Differential Diagnosis Between Yellow Fever, Dengue Fever, Malarial Fever, and Acute Yellow Atrophy of the Liver.*

BY F. PASCHAL, M. D., SAN ANTONIO, TEXAS.

Yellow fever, dengue fever, pernicious malarial fever, and acute yellow atrophy of the liver have some symptoms so much alike as to require a careful study to differentiate them, but, with the possible exception of dengue fever, their resemblance to yellow fever is distinct, especially so in their etiology, combined symptomatology, and pathology.

In order to deal intelligently with the differential diagnosis of these diseases, the etiology, and pathology of those that are known, must be considered, and also a somewhat detailed symptomatology of yellow fever must be given.

Yellow fever is an acute specific infectious disease, manifesting itself in a mild, a moderately severe, or a severe form; not only does the severity of individual cases differ according to the intensity of the infection, personal condition, and environment, but epidemics vary. The etiology of yellow fever does not seem to be definitely determined. The bacillus icteroides of Sanarelli was at one time thought possibly to be the cause of the disease, but the work of the commission organized in 1900 for the purpose of studying yellow fever in Cuba, endeavored to isolate the bacillus icteroides of Sanarelli, but in twenty-four carefully studied cases the results were negative. Moreover, the careful study of eleven autopsies was equally barren as to the presence of any particular micro-organism.

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*Read before the Bexar County Medical Society.

This was also true of fresh and stained specimens of blood. Although a microscopic and bacteriologic study of the blood was negative, the infective agent must, nevertheless, be present in the blood, for the disease was produced by injecting small quantities of blood into non-immunes. The infective agent was present at least during the first, second, and third day of the fever. The disease was also produced by injecting a small quantity of bacteria free serum filtrate. Thoroughly conducted investigations prove conclusively that the disease is conveyed by an intermediate host, the stegomyia fasciata. Furthermore, infected mosquitoes for periods varying from thirty-nine to fifty-seven days after contamination, are capable of conveying the disease. Infected stegomyiae may survive for a period of seventy-one days. This is important, owing to the relation they bear to the propagation of the disease.

Yellow fever usually commences suddenly, and is manifested by a well marked rigor, or only a sense of chilliness and discomfort. The fever rises rapidly and reaches its acme in a few hours from the onset. There are pains in the forehead, the eyes ache, the muscles in the back, loins, thighs, calves, often ache severely, even in mild cases. The face is turbid and not infrequently of dusky red hue. The conjunctivæ are congested, and shiny, with a yellow tinge, the eyes are sometimes red and sensitive to light. The jaundice becomes more distinct after the first or second day, the skin showing the same combination of capillary stasis with an icteroid hue, as the eyes. The skin may be either dry or bathed in a copious perspiration. Following the chill, there is sometimes an abnormal coldness of the surface, while rectal thermometry shows a marked rise in the temperature. The temperature rises rapidly after the chill to 103° to 104°, though it is said that the initial rise has been as great as 110°; this is considered phenomenal. At the end of the third day the maximum fever will have been attained, which is rarely more than 104° to 105°. Between this period and the fourth day of the disease, slight variations, hardly amounting to distinct remission; on the fourth day there is a rapid defervesence; it is not an intermission, but a remission, for the temperature only falls to 100° or 101°. The period of remission lasts from a few hours to two or three days after which the second rise begins, one that does not take place quite as rapidly as the first, and is not usually preceded by a chill or rigors, and a temperature of 104° to 105° is sometimes reached. The temperature now remains stationary from one to two days; it then falls to normal and remains so. The range of temperature divides this disease into three parts, first, the stage of invasion, the febrile stage, or period of exacerbation, second the

stage of remission, calm or passive stage; third stage, second exacerbation or collapse. The temperature may not be as typical as described, but even in the variations of the temperature curve there is a family resemblance difficult to confound with the clinical curves of any other acute febrile infectious disease.

The pulse does not increase in frequency with the rise of temperature, there being no correlation between the temperature and the pulse. It rarely exceeds 110°, and frequently falls as low as 30° or 40°. The lack of correlation is exhibited best during the first three days of the fever.

The fall of the pulse is most particularly a symptom of the first three days, and a lack of correlation between the pulse and temperature is what constitutes the well known Faget's law.

The tongue is covered at the outset with a thick, yellowish coating, except at the edges, which remain red. It is often pointed, and, as the disease advances, may become dry, brown, cracked and fissured.

The buccal mucous membrane is bright red at first, subsequently becoming œdematous. The gums are swollen and bleed on pressure. Sordes form on the teeth.

The bowels are usually constipated, but when diarrhœa does occur fluid blood is apt to be mingled with the discharges.

Immediately following the chill nausea and vomiting are present. First the contents of the stomach are voided, then a yellowish green matter. In severe cases the characteristic black vomit is present, the result of hemorrhage into the stomach. There are hemorrhagic extravasations from the mucous membranes of different organs.

The urine is scanty; there is a decided diminution in the excretion of solids. Albumen is found so constantly as to be generally regarded as one of the pathognomonic symptoms. It usually appears within seventy-two hours; there may be only a trace found by careful testing of the evening urine. In the second stage, the amount of albumen may be large, and granular and other casts are found, and there is a decided tendency to uremia.

Pain is quite severe over the lumbar and epigastric regions, which are quite sensitive to pressure. Convulsive twitchings of the muscles and diaphragmatic contractions, are often present before death.

The pathological changes of yellow fever have much that is common to contagious and malarial diseases. Its most constant and characteristic lesion is found in the liver. The liver is slightly enlarged; it may, however, be normal or even slightly diminished in size. Its most striking changes is in its color, which may vary from

lemon-yellow to dark brown. It is bloodless, fatty, degenerated, and friable. The gall bladder is contracted, usually empty, but sometimes containing a thick tarry fluid.

The spleen is usually normal in size and color, though sometimes found congested and slightly increased in size.

The stomach and intestines are congested and eroded.

The heart flabby, fatty degenerated, the muscles softened.

The kidneys are congested and show signs of parenchymatous inflammation. The other tissues present a marked icteroid hue.

An analysis of the symptoms shows that they are present in several acute infectious diseases, and reliance to differentiate them can only be placed, first, upon a prevailing epidemic at a given place, or some other place even remotely from it; second, by its being a fever of one paroxysm, with lack of correlation between the pulse and the temperature, by the presence of albumen in the urine, jaundice, black vomit, suppression of urine, and the general tendency to hemorrhages from mucous surfaces; third, by the post-mortem findings.

Dengue can only be differentiated from yellow fever, first, by the correlation between the pulse and the temperature; second, the absence of albumen in the urine; third, absence of jaundice; fourth, absence of black vomit; fifth, its being non-fatal; sixth, presence of an eruption.

In the absence of a universally recognized specific germ of yellow fever, it is impossible to differentiate, positively, between yellow fever and dengue. They both follow the same geographical distribution, except that dengue has prevailed in Asia and Egypt, where yellow fever is unknown.

The two diseases are found to exist at the same time and place, and the disease taken for dengue has frequently been found to have albumen in the urine, jaundice, and black vomit, and a lack of correlation between the pulse and temperature.

Laying aside the classical description of yellow fever, and considering the mild forms of this disease, how does it differ from dengue?

It is very difficult to differentiate between the mild form of yellow fever and dengue. They follow the same epidemical course at the same seasons of the year, in almost identical latitudes, and have as an intermediate host the mosquito, and both cease to exist as soon as a freeze inhibits their immediate hosts, the mosquitoes.

If an epidemic is present of a fever that is causing no deaths, it is just as well, perhaps, to give it a commercial diagnosis and call it dengue. It must be left for future study to determine

whether places which have been visited by dengue fever will be found to be fertile soil when visited by yellow fever; in other words, whether immunity is conferred by dengue from yellow fever upon a large percentage of the population which has known an epidemic of dengue in previous years.

The differential diagnosis between yellow fever and pernicious (an unfortunate adjective attached to malarial fever) may be differentiated from yellow fever by first, the disease being rarely seen in temperate climates; second, that it never assumes an epidemic or endemic form; that it manifests a periodicity; fourth, that it depends invariably upon the æstivo-autumnal parasite, or malarial plasmodium.

The microscope will always demonstrate the malarial parasite in all cases of malarial fever, and certainly differentiate it from yellow fever.

It is true that the plasmodium has been found to be present in cases of yellow fever, but is so rare that it should not preclude the possibility of yellow fever during the prevalence of this disease.

The type of malarial fever is as varied as the different forms in which it manifests itself, and can be easily differentiated from yellow fever by the microscope.

The differential diagnosis between yellow fever and acute yellow atrophy of the liver can be determined as given by Loomis as follows: "First, in acute yellow atrophy of the liver, the liver is diminishing in size from day to day, while in yellow fever it is steadily increasing; second, the spleen is increased in size in acute yellow atrophy of the liver, and is unchanged in yellow fever. The urine in yellow atrophy of the liver is acid throughout, and contains leucin and tyrosin, while as soon as jaundice appears in yellow fever the urine becomes alkaline. Yellow fever is ushered in with a chill, while in acute yellow atrophy of the liver it rarely begins with a chill. The pulse in severe forms of yellow fever is gaseous in character, and rarely over 110, while in acute yellow atrophy of the liver the pulse may reach 140 to 150 per minute.

The stools are dark and fluid in yellow fever, and firm and clay colored in acute atrophy of the liver.

Acute yellow atrophy of the liver is a rare disease occuring chiefly in pregnant women. It never occurs as an epidemic or endemic. Its causes are unknown.

The post mortem findings are, liver very much atrophied, sometimes to two-thirds of its normal size. It is so soft that it falls on itself. The capsule is loose, freely movable, very much wrinkled and opaque, or yellowish in appearance. The parenchyma is soft,

flabby and brittle, and varies in color from a bright red to a yellow red.

On section, the outlines of the lobules are lost and only a detritus of granular matter is left. The blood is darker and thicker than normal and coagulates imperfectly. The heart is jaundiced, fatty and pultacious. The spleen is enlarged and softened. The kidneys are slightly enlarged and in most cases in a state of acute fatty degeneration. Hemorrhages from the mucous membrane of the stomach and intestines are common.

It is not difficult to diagnose pernicious malarial fever and acute yellow atrophy of the liver from yellow fever; it is, however, very difficult to differentiate between the mild form of yellow fever and dengue fever.

For the Texas Medical Journal.

Appendicitis—Some Remarks on its Pathology, Diagnosis and Treatment.*

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The pathological conditions that may be found in and around a diseased appendix are many and varied. The following classifications and subdivisions are based upon these pathological findings:

(1) Acute Appendicitis
- (a) Acute catarrhal.
- (b) Acute perforating with circumscribed peritonitis.
- (c) Acute perforating with diffuse septic peritonitis.

(2) Sub acute Appendicitis.

(3) Chronic Appendicitis
- (a) Apendicitis obliterans.
- (b) Appendicitis recurrens or relapsing.

Acute appendicitis may or may not involve the walls of the appendix; there may be simply a catarrhal inflammation of the mucous membrane lining the appendix, or the membrane at certain points may ulcerate, and this ulceration may extend more or less deeply into the walls of the appendix. This variety of the disease may end in complete recovery, or progress into one of the

*Read at Galveston meeting South Texas Medical Association, December 9, 1903.

other varieties of appendicitis. The appendix in these cases is surrounded by plastic inflammation.

In acute perforating appendicitis attended by circumscribed peritonitis the adhesions formed take care of the pus liberated by the sloughing appendix, and the general cavity is protected.

In acute perforating appendicitis with diffuse septic peritonitis, the inflammatory process is a very rapid and destructive one—no barriers of adhesions are formed, perforations suddenly occur, and the whole peritoneum is quickly invaded by septic material.

Sub acute appendicitis usually develops stormily, but tends to run a more or less mild course. It is later attended by perforation, abscess formation, phlebitis, subphrenic abscess, pelvic abscess, abscess of the liver, etc. In these cases the appendix sometimes becomes buried in an inflammatory deposit before perforation occurs, hence, the abscess will for a time be altogether extra-peritoneal. Septic peritonitis may develop later, due to the rupture of the abscess into the peritoneal cavity.

Appendicitis obliterans is superinduced by an attack of acute catarrhal or acute ulcerative appendicitis, and is characterized by a progressive obliteration of the lumen of the appendix, due to the formation and contraction of cicatricial tissue in consequence of the healing of the ulcerations. This process gradually destroys or starves out the glanular tissue of the appendix, and if the ulcerative process is sufficiently extensive, the whole appendix will, in time, become a fibrous cord. Usually these strictures occur near the proximal end of the appendix, but may occur at any point, and not infrequently there are several strictures with saculated spaces intervening. The septic material retained by these sacs finds outlet through the lymphatics, and gives rise to lymphangitis and lymphadenitis, usually of a non-suppurative type. The appendix in these cases may be quite free or surrounded by a localized peritonitis. This variety of appendicitis is said to never form a palpable tumor unless complications develop.

In the chronic recurring appendicitis there are no strictures formed within the appendix, there is simply a chronic catarrhal inflammation that may be associated with some ulceration. This type of the disease may also be rapidly transformed into one of the more dangerous types of appendicitis. There is no involvement of the lymphatics in this variety.

In the diagnosis of appendicitis we can safely depend upon these three constant symptoms: pain, tenderness and rigidity. The pain is paroxysmal, cramp-like and colicky, and for short periods of time may be altogether absent. It is generally referred at first to

the umbilicus and above, but after a few hours usually becomes localized in the right iliac fossa; this, however, depends upon the location and direction of the appendix. In a recent case on which I operated the pain was referred to the right kidney and back. At the operation the appendix was found pointing upward and a little inward.

Tenderness is best elicited by gently palpating away from the suspected appendix *first,* then slowly approaching it. A point of extreme tenderness generally means pus formation.

Gentle palpation also makes known to us the presence and degree of rigidity. There are a great many other symptoms of appendicitis, none of which are so constant as these three, and all of us who have had much operative experience in appendicitis know full well that there are no clinical manifestations of the disease by which we can estimate the amount of damage being done, or foretell what changes may occur in a few short hours.

In the differential diagnosis it is no longer necessary to eliminate paratyphlitis, perityphlitis and certain inflammatory lesions of the cæcum, because it has been proven that these are all the outcomes of diseased appendices, and require the same treatment.

The slow onset, headache and the characteristic temperature curve, together with the absence of appendical symptoms, would serve to eliminate typhoid fever. The blood count is also valuable in differentiating the diseases, there being pretty constantly a high leucocytosis in the appendicitis, especially so in cases of pus formation. However, as the appendix is abundantly supplied with lymphoid tissue, it is not surprising that we frequently have symptoms referable to the appendix, if not appendicitis, in typhoid fever.

Typhoid perforations occurring near the appendix sometimes require to be diagnosticated from appendicitis, which is usually done by the history of the case, or in proper cases by an exploratory incision.

In my own practice I have experienced, perhaps, more difficulty in differentiating obstructions of the common bile duct and inflammatory affections of the gall bladder from appendicitis than any other simulating lesion; the history of the case, absence of fever, and the peculiar color and composition of the stools, together with the location and character of the pain, and the absence of the muscular rigidity serves us best in cases of calculi. I have not had a case of appendicitis attended by any amount of peritoneal irritation or inflammation, but that it was also attended by jaundice, and I do not therefore think that jaundice is any more a symptom of liver trouble in doubtful cases than it is of appendicitis.

Cases of intussusception occurring in the region of the appendix are recognized by the sudden appearance of the characteristic tumor and the absence of fever in the first hours of the attack.

Appendicular colic, characterized by sudden localized pain with only slight nausea and vomiting is not accompanied by fever or muscular rigidity and promptly subsides.

The muscular rigidity, the violence of the symptoms, the peculiar character of the pain, the progressive character of the disease, in addition to other symptoms that may be present in the female, will serve to differentiate appendicitis from inflammatory affections of the uterus, adnexa and pelvic cellular tissue. It is to be remembered, however, that a diseased appendix in the female will give rise to some symptoms in consequence of the congestion upon a menstrual epoch.

To foretell the particular variety of appendicitis in a given case is a very difficult problem, and is sometimes beyond the prophetic power of any man, but it is a phase of the subject that should, nevertheless, receive very careful consideration in every case.

Acute catarrhal appendicitis with or without involvement of the wall of the appendix is characterized by the sudden onset of pain, nausea and vomiting, followed by an elevation of temperature and acceleration of the pulse, at the same time there is a rapid formation of a tumor in the right iliac fossa—with this there is tenderness and muscular rigidity over the right side of the abdomen; the rest of the abdomen may be normal. These symptoms, without much change, may persist for some time and subside spontaneously, or promptly pass into another variety of the disease.

Perforation can usually be recognized by a sudden cessation of the characteristic pain and a subsidence of the temperature, attended by symptoms of shock, followed in a short time by symptoms of circumscribed or diffuse peritonitis, this depending upon the amount and location of adhesions formed, and, upon the location and direction of the appendix.

Sub acute appendicitis is recognized by its insidious course, the partial subsidence of the first symptoms and the formation of a circumscribed abscess in the right iliac fossa.

Appendicitis recurrens is recognized by the history of its recurrences and the entire absence of symptoms during the interim.

In appendicitis obliterans (the other chronic variety), owing to the septic material retained (by the strictures) in the appendix, and owing to the infection of the lymphatics by this septic matter, there is never a complete subsidence of all the symptoms, and after

a time the patient is rendered an invalid. This is not the case in appendicitis recurrens.

The treatment of appendicitis we will consider under the heads of medical and surgical.

The medical treatment of appendicitis has long ago been characterized by the eminent Professor Deaver of Chicago as "High Grade Christian Science," and I know of no reason yet why he should change his opinion.

In some cases I believe it would be absolutely criminal to think of instituting medical treatment with the hope of relieving the patient, but in selected cases where it is deemed wise to try medical treatment, it should be directed toward putting the patient in that condition in which nature can be depended upon to do the most for him and toward putting him in the best condition for a surgical operation should that become necessary. To accomplish these ends he should be put at absolute rest, in bed on his back, with the thighs slightly flexed on the abdomen. The bowels should be opened with small doses of calomel, oil or salines, and application of ice made to the painful area. No nourishment except small quantities of liquid should be allowed. When the pain is very severe hypodermics of morphine or codeine can be given, but opiates should never be persisted in to the entire relief of the pain; the continuance of the pain should be looked upon as an indication for operation, instead of an indication for more opium. The patient should be carefully and constantly watched and the attendants should hold themselves in readiness to operate upon the first appearance of untoward symptoms. In chronic appendicitis, where operation is refused, or for any reason can not be instituted, medical treatment should be directed, not only toward relieving the attacks, but to their prevention; this will necessitate the education of the patient along these lines, and the regulation of his life and habits.

In my opinion appendicitis in any form is to be regarded as an ultimately fatal disease; that the patient who has had nothing more than appendicæcal colic is carrying about with him a menace to his life; that the patient who has had appendicitis, in ever so light a form one time, is more than likely to have it again, and that each succeeding attack will be more dangerous than the preceding one, and it follows, that I do not believe a patient is cured of appendicitis simply because he has been relieved of its symptoms.

Appendicitis is essentially a surgical disease, and there is no question about whether or not an operation is necessary, but the question of "when to operate," presents itself in every case. In

all cases of acute appendicitis with violent symptoms, I believe that the operation is just as much of an emergency as would be an operation for the relief of strangulated hernia.

In cases accompanied by perforation and diffuse peritonitis, an operation is generally useless, but should not be abandoned unless the general condition of the patient will in no wise justify it.

In cases where the peritonitis is circumscribed and the general condition of the patient remains good, I believe that it is safe to delay operation until the abscess can be opened without risk of infecting the general peritonæum.

In recurrent cases when the symptoms are no worse than they have been in previous attacks, I believe that operation can be safely deferred until there is some aggravation of the symptoms, or until the attack has lasted longer than previous attacks without any signs of abatement. I believe that it is as safe to operate on these cases during the attack as it is during the interval, for the reason that if we wait for some complication to develop during the attack to force us into an operation, we wait until it is everlastingly too late. Patients do not generally die of appendicitis, or from the operative interference instituted for its relief, but they do die in consequence of the peritonitis produced by the appendicitis; it is the peritonitis that we hope to prevent by operation—this and nothing more.

Appendicitis obliterans is the only form of appendicitis that in any wise tends to cure itself, and it is so rare that one of the most eminent operators in America, in a series of 5000 operations, has seen less than a dozen cases; however, this exceedingly rare form can be suddenly and rapidly transformed into one of the dangerous types, and promptly end fatally. These cases should always be operated on to prevent future attacks, and to save the patient from a life of invalidism.

Finally, gentlemen, in any case in which we have established a diagnosis of appendicitis and are still unable to foretell the future course of the disease, I believe it is a more hazardous risk to delay than to operate, and that the operation should be promptly performed.

The best working rule with which I am familiar is this of Richardson: "In the early days of severe cases we should operate, first, if the symptoms are becoming more severe (especially if there be any evidence that a sudden distention is taking place); second, if the patient is dangerously septic, shown by pulse and temperature; third, if there is increase in symptoms. In other words, cases that are severe from the first demand an immediate operation, and cases

that are mild from the first justify an operation because it is not dangerous.

Hopeless cases are the acute ones already complicated with diffuse septic peritonitis, and those in collapse from perforation or gangrene; these cases are not to be operated on at all, unless they react in such a way as to justify it.

Society Notes.

The Austin District Medical Society held its regular annual meeting in Austin December 22, ult. Dr. E. M. Thomas of Georgetown was elected president; Dr. W. A. Harper was elected secretary.

The Brazos Valley Medical Association held a rattling good meeting at Hearne on the 13th and 14th inst. More anon.

Cherokee County Medical Society.—Dr. Holman Taylor of Marshall, State Medical Association Councillor for Fifteenth District, rounded 'em up at Jacksonville on December 21st, and organized the Cherokee County Medical Society under the new regime. Dr. H. O. Collins of Jacksonville was elected president; Dr. Bingham of Rusk, vice president, Dr. J. B. Ramsay of Alto, secretary. Next meeting, Jacksonville, January 13th, inst.

The Smith County Medical Society met in Tyler, December 21st, ult., and adopted the charter recommended by the State Medical Association. Dr. Irvin Pope of Tyler was elected president; Dr. J. C. Smith, vice president, and Dr. A. Woldert, secretary and treasurer; censors, Drs. T. J. Bell, J. B. Phillips, J. Z. Ferrell. They wound up with a banquet, at which many toasts were drunk, and all went as merry as a marriage bell.

The Texas State Medical Association will meet in Austin the fourth Tuesday in April (26th), and hold four days. It is expected that this will be the largest meeting of that body ever held, as, under the new constitution a thorough organization of the rank and file of the profession has been effected. Dr. T. J. Ben-

nett, Austin, chairman committee of arrangements, is putting the little pot in the big one, and making other arrangements for a banquet or a reception, or both, in addition to the scientific features of the meeting.

Travis County Medical Society.—Annual election of officers January 9th, inst. Dr. Ralph Steiner was elected president; Dr. H. B. Hill, vice president; Dr. M. M. Smith, secretary; Dr. W. A. Harper, secretary.

International Congress on Tuberculosis.—The Committee on Organization of the International Congress on Tuberculosis appointed by the Hon. David R. Francis, President of the Universal Exposition, St. Louis, 1904, met at the Press club in the city of York on the 11th day of November, 1903, and took the preliminary steps to organize an International Congress on Tuberculosis.

Nearly every member of the committee was present or represented by proxy. It was unanimously resolved to organize an International Congress under the following name: "American International Congress on Tuberculosis, to be held October 3d, 4th, and 5th, 1904, under the auspices of the Universal Exposition, St. Louis, 1904, and of the American Congress on Tuberculosis."

The present officers of the American Congress on Tuberculosis were, with a few changes and exceptions, elected to the corresponding offices in the American International Congress on Tuberculosis.

It was unanimously resolved that the Congress be open to the legal, medical, and all other professions, judges, philanthropists, scientists, statesmen, legislators, and all citizens interested in averting the ravages of the dread disease, and that they be invited to cooperate and become members of the body. * * *

The chairman of the committee on organization laid before the committee a communication from Howard J. Rogers, director of congresses, informing the committee that Surgeon-General Nicholas Senn of Chicago, Illinois, and Dr. Thomas Darlington of New York, had been added to the committee on organization.—*Extract from Medico-Legal Journal Advance Sheets.*

[Dr. Darlington is now president of the Board of Health of the City of New York.—Editor.]

"Antiphlogistine renders ready service to the patient and physician by promptness and positiveness of action."

THE

TEXAS MEDICAL JOURNAL.

AUSTIN, TEXAS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITED AND PUBLISHED BY
F. E. DANIEL, M. D.
Mrs. F. E. DANIEL, Managing Editor.

ASSOCIATE EDITOR:
WITTEN BOOTH RUSS, M. D., San Antonio, Texas.

Published Monthly at Austin, Texas. Subscription price $1.00 a year in advance
Eastern Representative: John Guy Monihan, St. Paul Building, 220 Broadway, New York City.
Official organ of the West Texas Medical Association, the Houston District Medical Association, the Austin District Medical Society, the Brazos Valley Medical Association, the Galveston County Medical Society, and several others.

DEATH OF DR. H. A. WEST.

Dr. Hamilton Atchison West, of Galveston, died in New York, at the residence of his brother, Dr. Jas. N. West, at 7:40 p. m., December 30th (ult.). His hosts of attached and admiring friends throughout the South, and especially in Texas, were shocked and grieved on receipt of the intelligence of his death. Dr. West was greatly loved and admired by those who knew him well, and only those whom he admitted to intimate personal acquaintance understood him and appreciated him; for, to strangers and to mere acquaintances he was somewhat peculiar in a certain blunt, but never discourteous, manner. To his friends he was geniality itself. He was a delightful companion, a very interesting personality. He was a splendidly informed and well equipped all around practitioner and a general scholar such as is not found every day in the ranks of medicine. He enjoyed life, loved his friends and his family, and at the annual gathering of the profession in convention of the State Medical Association of Texas he was a central and conspicuous figure. He entered into the discussion of scientific papers read at those meetings with a zest and intelligence which always insured him attentive audience. Socially, at the annual banquets, he enjoyed himself, and often shone to advantage in the wit and repartee that attended the popping of champagne. We will

surely miss him. It is well known that he was, and for ten or more years had been, the Secretary of the State Association. He died of Bright's disease. It looks like the "irony of fate," as he had made a specialty of the treatment of that malady.

Yours Truly
H. A. West

Dr. West was born in Kentucky, near Lexington, in 1853, and was just fifty years old; in the very prime of life. He was a graduate of the Louisville Medical College, class of 1874-75. Settling in Galveston in 1875, he soon became a popular and successful practitioner; and upon the organization of the Medical Department of the University of Texas, in 1890, he was chosen by the Regents to fill the important chair of Theory and Practice of Medicine. He was a popular teacher, much beloved by his classes. This position he resigned in 1899, having filled the chair about nine years, to give his attention to his private practice and the arduous duties of Secretary of the State Medical Association. The successful reorganization of the profession of Texas in accordance with the plan of the American Medical Association, a labor demanding much time and study and energy, was more the work of this indefatigable man than of any score of others, and had he done nothing else for them he should, and will, live in their hearts and their memories. Dr. West contributed many valuable papers to the Association's volume of Transactions.

In 1878 he was married to Miss Sarah Davenport. By her he had four children, all of whom survive her and him. Mrs. West died in 1893, and in 1895 Dr. West was married to Mrs. Mary Ella Tuller, of Galveston. By this marriage one child was born, and is now living, Mary Buckley West. Mrs. West survives the doctor. Maj. Barry West, of the U. S. Army; Dr. J. N. West, of New York; Charles West, of Corsicana, Texas, and Joseph West, of Washington, are his brothers; and Mrs. Marshall, of Kentucky; Mrs. Lee Sellers, of New York; Mrs. Dannota, of Oklahoma, and Miss Georgie West, of New York, are his sisters. Dr. West's remains were interred at Galveston. Peace to his ashes.

THE NEW TEXAS SANITARY LAW.

Disinfection of Railway Coaches, Public Buildings and Sleeping Cars.

The State Health Officer of Texas has just formulated the rules and regulations to govern the disinfection of sleeping cars and public buildings, as required by the law passed by the last Legislature, and the "Red Back" is the first to publish them. We give below the text of the law in order that our readers may understand and appreciate the vast importance of this sanitary reform, and the first draft of the rules to carry it into effect. The law became operative in July last, but because of his duties as Surgeon-General of Texas before, during and since the encampment of the Texas Na-

tional Guard (the Texas Militia) and the responsible, onerous and long enduring work in the management of two yellow fever epidemics, and other duties of his office, Dr. Tabor really has not had time, nor has he the adequate assistance, to give this matter the attention its importance demands. These rules will be at once and rigidly enforced. They will be supplemented and amplified from time to time as the necessity for same becomes evident. Dr. Tabor will call a meeting in Austin of all county and city health officers some time in February, for a further conference as to details necessary to make this law effective. By "public buildings" is meant public schools, hospitals, jails, court houses, etc., but whether it means hotels or not, is yet to be decided by the Attorney General.

DISINFECTION OF PUBLIC BUILDINGS, RAILWAY COACHES AND SLEEPING CARS.

S. B. No. 95.] CHAPTER CXIV.

An Act requiring the disinfection of public buildings, railway coaches and sleeping cars, and providing a penalty for the violation thereof, and declaring an emergency.

SECTION 1. *Be it enacted by the Legislature of the State of Texas:* That it shall be the duty of the State Health Officer of Texas, and he is hereby authorized and empowered to prepare rules and regulations governing the proper disinfection and sanitation of public buildings and all railway coaches and sleeping cars operated in the State of Texas.

SEC. 2. It shall be his duty and he is hereby authorized and empowered to prescribe a sanitary code, which shall contain and provide rules and regulations of a general nature for the improvement and amelioration of the hygienic and sanitary condition of said public buildings, railway coaches and sleeping cars.

SEC. 3. Every person having control of any public building, railway company, sleeping car company, or other corporation, company or individual, or the receiver thereof, engaged in the carrying of passengers in this State, shall, at their own expense, within a prescribed time after receiving notice from the State Health Officer of the promulgation of the rules and regulations in the above sections mentioned, carry the same into effect.

SEC. 4. If any person having control of any public building, or any agent, manager, operator, employe or receiver of any railway company, sleeping car company, or any individual shall fail to comply with the provisions of this act, and the rules and regulations promulgated by the State Health Officer under the provisions thereof, he shall be deemed guilty of a misdemeanor, and upon con-

viction shall be punished by a fine of not less than fifty nor more than two hundred dollars.

Approved April 6, 1903.

CIRCULAR No. 1.

By virtue of the authority vested in me by the above act of the Twenty-eighth Legislature, the following rules are hereby prescribed, which shall govern the disinfection and sanitation of public buildings, railway coaches and sleeping cars in the State of Texas, and shall be effective on and after February 11, 1904:

1. Each passenger coach or sleeping car used for passengers must be provided with one cuspidor for each seat or every two chairs. Each cuspidor must contain not less than six ounces of a disinfectant solution approved by this department. The cuspidors to be emptied, washed in a similar solution, and replenished each trip or every twenty-four hours.

2. Public buildings must be provided with sufficient number of cuspidors, or not less than one in each room or hall, treated in a like manner and emptied, washed and replenished daily.

3. The floors of cars and public buildings must be sprinkled with a similar solution before each sweeping.

4. Sweeping and dusting of cars are prohibited in transit, except that floors of cars may be swept at division terminals or meal stations where passengers will be given an opportunity to leave the cars during that time. Seats, windows and walls of cars must be wiped off with a cloth or sponge and not dusted in transit.

5. All sleeping cars must be disinfected by fumigation in a manner approved by this department at the end of each round trip in the State of Texas where sleeping cars do not leave the State.

6. All sleeping cars passing through or coming into the State of Texas must be disinfected in the same manner each trip at some point in the State approved by this department. All carpets, curtains, blankets and bedding, except linen, to be disinfected with cars.

7. Day coaches used for passengers must be fumigated, whenever the necessity exists, at some point in this State acceptable to this department. If a car becomes infected by being occupied by a person having a contagious disease it must be disinfected immediately at end of run.

8. All public buildings must be disinfected by fumigation whenever the necessity exists for it.

9. Containers of water for drinking, in cars and public buildings, must be emptied and thoroughly cleansed at least once every

forty-eight hours. (Public schools should be provided with a separate cup at each desk for each pupil to drink from, or the pupils should be required to provide same.)

10. Ice, which is used in water coolers in cars, must not be dumped on the floors, sidewalks and car platforms where people have trod and expectorated, and then picked up by unclean hands and put into the drinking water. It should be washed and handled with ice tongs.

11. Passengers, patrons, employes or others must be prohibited from washing their teeth over or expectorating in basins in sleeping cars, passenger coaches or public buildings which are used for bathing the face and hands. Large cuspidors must be provided for such purposes.

All local health officers and citizens are requested to assist in the enforcement of the above rules.

(Signed) GEORGE R. TABOR,
State Health Officer.

Austin, Texas, January 11, 1904.

News and Miscellany.

DR. J. W. TALBOT, Texarkana, Texas, will receive for treatment and give personal attention to cases of morphine, cocaine and chloral addiction.

WILL REPAIR YOUR ELECTRICAL MACHINES.—Static and all electrical medical apparatus put in running order. I am also agent for electrical and X-ray apparatus. Oliver Brush, 710 Colorado Street, Austin, Texas.

NEW ORLEANS POLYCLINIC.—Seventeenth annual session opens November 2, 1903, and closes May 28, 1904. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information, address New Orleans Polyclinic, postoffice box 797, New Orleans, La.

LUFKIN, TEXAS, December 9, 1903.

Dr. F. E. Daniel, Austin, Texas.

DEAR DOCTOR:—Enclosed find my check for $2, which is to settle up past dues, also to give me assurance for another year's subscription of the "Red Back" journal, which is, in my opinion, the

cleanest and purest journal literature that has ever come to my notice.

Yours truly,

R. L. Denman.

Emergency Cases for Passenger Trains.—Mr. Ernest Hadra, of Dallas, son of the late eminent Texas surgeon, B. E. Hadra, has addressed a letter to the Texas railroad officials urging the carrying, on all trains, of a case supplied with such things as are needed by the surgeon and the wounded when a wreck occurs, (and wrecks have been epidemic this winter). The case should contain bandages, lint, sponges, antiseptics, anæsthetics, hemostatics, stimulants, adhesive plasters, liniments, forceps, needles, ligatures, tournequets, etc. Railroads have such things in their hospitals, of course, but it is sometimes hours before they can be gotten to the scene of the wreck, and many lives and much suffering could be saved if prompt assistance were rendered. The suggestion is eminently sensible; in fact, it should be required by law. It seems that some chief surgeon would have anticipated Mr. Hadra, and instituted the custom long ago.

For "looseness of bowels" I know nothing better than Listerine. It is "good for" many things,—sick stomach, vomiting, diarrhœa, cramps, and as an adjunct to the toilet, it is unsurpassed. Try some on your tooth brush. "No family should be without it."

As to Knopf.—Dr. Knopf, of New York, wrote a letter to the *Journal American Medical Association* (Dec. 12) decrying the American Congress on Tuberculosis, and also the imitation of same, the bolters congress (Lewis-Brown) and suggested that the real simon-pure article can only be organized by a convention of doctors which he proposes shall meet in Baltimore. The caller of the convention will doubtless organize it a-la-Knopf. Now, I am reliably informed that this Knopf wrote to the president of the American Congress of Tuberculosis, asking upon *what terms* he could get into the game. I will endeavor to get this letter or a copy of it for my February number. I have learned that Dr. Knopf has compiled some, but has never produced anv literature on consumption. Letter was not answered. Hence these tears.

An Ideal Tonic, Reconstructive in phthisis, bronchial affections and all nervous disorders is found in Phospho-Albumen (extract testes, spinal cord and brain). It is a rational remedy, and is based on sound therapeutic principles, and must appeal to the

CONSUMPTIVES ARE EXPERIMENTED UPON

WITH

Common Fish Oils, Vegetable Oils, Mineral Oils, so-called Cod Liver Oil Extractives (Wines, Cordials, Etc., with Iodine, Bromine, Sulphur, Etc.)

LARGELY DUE TO THE

HIGH PRICE OF COD LIVER OIL.

PHYSICIANS CAN IMPLICITLY RELY UPON

PHILLIP'S EMULSION

Always containing **50%** Purest Norwegian Cod Liver Oil* so treated as to be

ACCEPTABLE TO THE MOST DELICATE STOMACH.
PERFECTLY MISCIBLE WITH WATER, WINE, OR MTLK.

PANCREATIZED, PALATABLE, PERMANENT.

*Standard absolutely maintained, with no advance in price.

Digestion First

You *must* consider digestion. If foods pass through inert, all treatment necessarily will fail. The whole system of the emaciated, tubercular and neurotic patient cries out for fat. Nothing but fat will satisfy.

Debilitated organs can not digest ordinary emulsions and plain cod-liver oil; while extractives are often irritants. Hydroleine is right in principle and presents the requisite fat in such a form that the weakest digestive organs accept it and grow stronger.

Prescribe Hydroleine and you will know this to be a fact.

Literature sent on application. Sold by druggists generally.

THE CHARLES N. CRITTENTON CO.

Sole Agents for the United States,

115-117 FULTON STREET, NEW YORK.

No physician can afford to be indifferent regarding the accurate filling of his prescription.

good sense and sound judgment of every conscientious physician. It is manufactured by the Phospho-Albumen Co., station M., Chicago, whose advertisement appears for the first time in the "Red Back." I advise my readers to thoroughly investigate this remedy.

APPRECIATION:—The Abbott Alkaloidal Co., Chicago., one of the livest and most successful manufacturing firms in America, and shrewd business men, generally, write me (December 30, '03): * * * "Continue our advertisement indefinitely. * * * We assure you that we are satisfied with the service, and it is a pleasure to instruct you to continue as above."

Many advertisers have been with me nineteen years.

Dr. W. S. Pickett, Karnes City, says: "Can't do without the "Red Back." All of which is most gratifying and shows that the "Red Back" is still booming and always keeps in the lead. Tra la!

MY DEAR SUBSCRIBERS: I know that it is often very inconvenient to get a postal or express money order, and for so small an amount, many of your think, "it ain't worth while." Well, it *is* worth while to pay your subscription; so, just send me your personal check, and Jones—he'll pay the exchange.—DANIEL.

IT GIVES ME PLEASURE to present to my readers, for the first time, the advertisement of the well-known and popular manufacturers of the staple remedy "Resinol," the Resinol Chemical Co., Baltimore, Md. Most of my readers have already made their acquaintance through their popular pharmaceuticals, and I know they will be glad to see them in such excellent company, in the "Red Back." I have none but the best and cleanest, all cash and prompt paying advertisers. I do not do a sample copy and chips and whetstone business. "Gentlemen, 'make you acquainted."

VICTOR KOECHL & CO., the manufacturers of a special line of high class pharmaceuticals, and importers of others, and who are too well known to the medical profession to need any introduction at my hands, have an announcement in this issue of the "Red Back," and will have every month. I want all my readers to read it, and when ordering anesthesin, benzosol, orthoform, Knorr's antipyrin, or any of their specialties, tell them the "Red Back" said so.

SUMMER COURSE OF MEDICAL LECTURES.—Boys, if you don't want to let up till next winter, go to Sewanee and finish this sum-

No review of therapeutic progress would be complete without a reference to the unique value of

GRAY'S GLYC. TONIC COMP.

In malnutrition, anæmia, respiratory disorders, nervous exhaustion, general debility.

THE PURDUE FREDERICK CO., No. 15 Murray St., New York.

Lécithine Clin

Phosphorus in the state of an Organic Natural Compound.

"Natural Lecithine extracted from the yolk of Egg, contains Phosphorus under that "very active organic form which is peculiar to medicaments elaborated by living bodies."

PILLS CLIN
of chemically pure Lecithine
Each Pill contains 5 centigrammes of Pure Lecithine.
Sold in bottles of 25 soft gluten coated Pills.

GRANULATED CLIN
of chemically pure Lecithine
Each teaspoonful represents 10 centigrammes of Lecithine.
The granular form is of an easy administration, especially to children.

SOLUTION CLIN
of chemically pure Lecithine for hypodermic injections
Sold in boxes of 8 sterilized tubes of one c.c. each, representing exactly 5 centigrammes of Pure Lecithine.
An intra-muscular injection of this sterilized oily solution must be given every 2 days.

INDICATIONS { NEURASTHENIA, GENERAL DEBILITY, NERVOUS PROSTRATION, RACHITIS, Etc.

DAILY DOSES: ADULTS, 10 to 25 centigrammes; CHILDREN, 5 to 10.

General Agents for the United States: E. FOUGERA & CO., NEW YORK.

No physician can afford to be indifferent regarding the accurate filling of his prescription.

mer. Dr. Cain, the dean, is talking to you in this issue. See his announcement.

E. G. Swift, long connected with the house of Parke, Davis & Co., has been appointed general manager, vice, W. M. Warren, deceased.

I want to call attention to the advertisement of Dr. Leake's Infirmary, which appears in this issue of the "Red Back," and I want to say that if there is any doctor in Texas who is so unfortunate as to not know Leake, he should make a trip to Dallas especially to meet him. Most everybody knows him. His reputation as a gynecologist is extensive, and it has been sustained by uniform or nearly uniform, success in many of the gravest operations. In 1903 he lost not a case operated upon (and he had many of the capital gynecologic operations), and lost only one in 1902. Dr. Leake was a private pupil of Lawson Tait, and Tait's mantle rests worthily and gracefully on his shoulders.

Dr. Bacon Saunders, of Fort Worth, was elected first vice president of the Southern Medical Association at the recent meeting at Atlanta, Ga.

Dr. Jno. T. Moore, of Galveston, who, during Dr. West's illness, has had charge of the office and papers of the secretary of the State Medical Association, and is familiar with the work, will fill out the unexpired year of Secretary West, ending with the April meeting, so I am advised by President Paschal. At that meeting a successor to the lamented West will have to be elected.

Look!—See the splendid showing of the "Red Back" advertiseing patrons. About ten new ones, and all the old and faithful ones have renewed for 1904, many for the twentieth round! If that is not a testimonial to the value of the "Red Back" as an advertising medium, what would be?

Personal:—Mr. Tyree, the Chemist.—We are beginning with this issue an advertising contract with an old acquaintance of the doctors of Texas fifteen years ago, and I am sure many of them will remember him and his genial, gentlemanly nature and conduct. He was at that time representing a large manufacturing house in Philadelphia, and his annual visits were always a source of pleasure to Texas physicians who invariably profited by his in-

1 to 50 1 to 50 1 to 50

One Part in Fifty

Germicidal

Prof. W. M. Gray, Army Medical Museum, Washington, D. C., by a series of Experiments with inocuated beef peptone demonstrated that

TYREE'S ANTISEPTIC POWDER

is germicidal up to one part in fifty of water. Thus it is a superior Germicide and Disinfectant as well as an Antiseptic in economic proportions—hence its general utility and wide spread popularity.

Always insist upon getting original packages. Only the genuine Tyree's Powder reliable.

Literature and trial sample free.

Half-pound package postpaid, 80 cents, from prescription Druggist or direct.

J. S. TYREE, Chemist
WASHINGTON, D. C.

1 to 50 1 to 50 1 to 50

BEFORE AND AFTER THE USE OF SOUNDS

DILATORS & CATHETERS GIVE YOUR PATIENTS

cystogen

grs. v, t. i. d. In fact before, during and subsequent to any surgical treatment of the urinary tract CYSTOGEN is indicated. It will flush the urinary passages from the kidney to the meatus with a dilute solution of FORMALDEHYDE and render the urine aseptic.

The administration of five grains of Cystogen three or four times daily converts the urine into a solution of FORMALDEHYDE thus inhibiting the formation of pus, preventing ammoniacal decomposition and the development of bacteria. By the Bromine test Formaldehyde can be detected in the urine in from fifteen to twenty minutes after the administration of Cystogen. In thirty minutes the odor of Formaldehyde is present.

Cystogen can be procured from all wholesale druggists.

LITERATURE AND SAMPLES SENT BY THE

CYSTOGEN CHEMICAL CO. - - - Saint Louis.

No physician can afford to be indifferent regarding the accurate filling of his prescription.

telligent conversations upon the subject of chemistry as applied to both pharmacy and medicine. The writer remembers him well, and the last conversation he had with him in which he stated that during all of his trips through Texas he had never found the latch string away from the door of a single doctor, and in severing his connection with detail work that there was no State in the Union he regretted so much to part with as Texas, for there was a plenty of good people, good eating, good climate and good liquor.

Since Tyree's retirement from detail work he has made a phenomenal success in commercializing in the United States and Europe what is known as Tyree's Antiseptic Powder, and he says that it is a source of great pride to him to know that he has never deviated from the strictest code of medical ethics in doing so. I hope that all of his friends in Texas will write to him and get a sample of his product, which I am sure would afford him much pleasure to send free of charge, for I have personally used it, and found it to be all he claims for it and more besides.

Texas State Medical Association.

OFFICE OF THE PRESIDENT,

SAN ANTONIO, Texas, December 8, 1903.

Dr. F. E. Daniel, Editor Texas Medical Journal, Austin, Texas.

DEAR DOCTOR: I am anxious to get an expression of opinion from the medical profession of our State as to the measures that, in their opinion, should be considered by our association for its best interest, advancement and welfare.

I will esteem it a favor if you will kindly give space in your valued journal, and ask those who may feel inclined to do so, to write me fully, making such suggestions that they may think proper for the good of our association. I will study them, and in my annual message incorporate such as may be of practical value, and that may help in building up the profession and our association.

Thanking you in advance for bringing this matter to the attention of the members of our profession, I beg to remain,

Yours truly,

F. PASCHAL,

President State Medical Association.

Books and Magazines

ATLAS OF METHODS OF CLINICAL INVESTIGATION, with an Epitome of Clinical Diagnosis and of Special Pathology and Treatment of Internal Diseases. By Christfried Jakob. Authorized translation from the German. Edited by Augustus A. Eshned, M. D.

RESINOL STOPS ITCHING INSTANTANEOUSLY

RESINOL is a specific for Pruritus Ani and Pruritus Vulvæ.

RESINOL is the best dressing for Burns, Scalds, Carbunckles, etc.

℞: Ung't Resinol.

Resinol is a prompt local Antiphlogistic in any form of Dermatitis.

RESINOL is absolutely Harmless, Non-irritating and Non-poisonous.

RESINOL is the most effective remedy known for Eczema, Herpes and other skin eruptions

RESINOL reduces inflammation on Mucous as well as Cutaneous Surfaces.

Samples sent on request.

RESINOL SOAP

is the best Medicated Soap for the Toilet, Bath and Nursery. It corrects any morbid exudation, removes odor, and nourishes the skin and underlying tissues.

Water does not irritate if Resinol Soap is used, and it is the only Soap that will give satisfaction in bathing eczematous and inflamed surfaces.

RESINOL CHEMICAL CO.,

BALTIMORE, MD.

Branch: 97 New Oxford St., London, Eng.

Agents: Chas. Markell & Co., Sydney, N. S. W.

182 colored illustrations upon 68 plates, and 64 illustrations in the text. Published by W. B. Saunders, Philadelphia.

This work has had such a deserved popularity in Germany that we do not hesitate to predict a like reception among the English-speaking races. The first part of the book is devoted to full-page colored charts picturing the chemical and microscopical reactions of pathological processes, while the latter half discusses in an outline manner the methods of general and special diagnosis.

The text is concise, but full, clear and to the point. The illustrations are excellent, from an artistic standpoint, and are true and faithful in detail. It is, on the whole, a very fine treatise and needs no better recommendation than to be seen and used.

J. M. L.

THE A B C OF PHOTO-MICROGRAPHY. A Practical Hand-Book for Beginners. By W. H. Walmsley. 155 pages, 5x7, with 29 photo-micrographs by the author. Cloth, $1.25 net. Tennant & Ward, New York.

The lack of any American book dealing with this fascinating branch of photographic work, and the great need of an elementary introduction of photo-micrography, has led Mr. W. H. Walmsley to prepare this excellent manual. Mr. Walmsley is a recognized authority in the photo-micrographic world, and has had a more varied and longer experience in the field than most of his co-workers. He deals with his subject in a plain but comprehensive way, and the beginner who will study the A B C should find his difficulties vanish. The illustrations add largely to the practical value of the book and are, in themselves, most interesting.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures and Especially Prepared Articles of Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pathology, Pediatrics, Dermatology, Disases of the Eye, Ear, Nose and Throat and Other Topics of Interest to Students and Practitioners. By leading members of the medical profession throughout the world, with regular correspondents in Montreal, London, Paris, Leipsic and Vienna.

Three volumes are before the reviewer, one of the eleventh series and two of the twelfth series. Published by J. B. Lippincott Co. Price, $2.00 each.

T. J. B.

DISEASES OF THE SKIN. A Manual for Students and Practitioners. By Joseph Grindon, Ph. D., M. D. (being of Lea's Series of Pocket Text-Books, series edited by Bern B. Gallaudet). Illustrated with 39 engravings. Lea Brothers & Co., Philadelphia and New York.

This work is a thoroughly modern and scientific discussion of

These trade-mark crisscross lines on every package.
GLUTEN FLOUR For Dyspepsia
SPECIAL DIABETIC FLOUR.
K. C. WHOLEWHEAT FLOUR.
Unlike all other goods Ask Grocers

Criss-Cross Cereals

These trade-mark crisscross lines on every package.
Gluten Grits AND
BARLEY CRYSTALS
Perfect Breakfast and Dessert Health Cereals.
PANSY FLOUR for Biscuit, Cake and Pastry.
Unlike all other goods. Ask Grocers.

Successfully indicated as Diet in cases of

Dyspepsia, Diabetes, Constipation

A Diet of SPECIAL DIABETIC FOOD should show a decrease of sugar after two weeks' use, increased strength, relief from thirst, and much better rest at night.

"All these preparations are the best that skill, experience and capital can make, and a very careful examination, both scientific and practical, has shown that every claim made by the manufacturers has been fully confirmed as true."—AMERICAN ANALYST, NEW YORK.

Special Offer to Physicians

On application to us we will send you an order on the Live Oak Grocery Co., Dallas, Texas, C. E. Monmand & Co., Fort Worth, Texas, or the nearest Grocers who carry our goods, for liberal samples for trial.

Farwell & Rhines
Watertown, N. Y.

Tissue Building in Tuberculosis

BURNHAM'S CLAM BOUILLON.

The maximum amount of food energy in the minimum bulk, conferring the greatest good on the body with the least tax on the digestive organs, is required for the nutrition of tuberculosis patients. Physicians will find

BURNHAM'S CLAM BOUILLON

(Absolutely Free From Any Preservative)

a superior tissue building food for these cases. It is concentrated, very appetizing, and has high nutritive value. It is acceptable and soothing to the gastric membrane when other foods cannot be tolerated, and the ease with which it is absorbed saves the patient's strength.

Has stood the test of Fifteen Years, with a constantly increasing demand from Physicians and the Public.

That it is absolutely the pure juice of the clam without any preservatives is demonstrated by the fact that it spoils with undue exposure to the atmosphere.

BURNHAM'S CLAM BOUILLON

is put up in glass bottles and sold in pints and and half pints. This assures not only cleanliness and convenience in the serving, but perfect purity and freshness while using in the sick room. All the leading apothecaries and grocers sell it.

E. S. BURNHAM & CO., Manufacturers and Packers, 53 to 61 Gansevoort St., New York.

its subject; of especial use to the student, but extensive and diversified enough for the general practitioner. Its poverty of illustrations is perhaps its greatest fault. The pictures shown are, however, well selected, typical, and of good quality. The text is ample and clear, making the work all that is claimed for it.

J. M. L.

Publisher's Department.

What is Anedemin?

Anedemin is a scientific combination of three of the more recently investigated members of the digitalis series, with sambucus. It is composed of the following constituents:

(1) Apocynum (Canadian hemp).

Like digitalis it diminishes the pulse frequency, is diuretic and emetic. *Unlike* digitalis it promotes the diaphoresis and expectoration, does not raise the blood pressure by vaso motor contraction, is cathartic, not cumulative, and, in doses administered, nontoxic. See United States Dispensatory, Potter, Sollmann, Stephens, etc.

(2) Strophantus.

Like digitalis it improves the nutrition of the heart muscle, induces more complete cardiac contraction, increases the arterial output, diminishes the pulse frequency and is diuretic. *Unlike* digitalis it does not produce vaso-motor contraction, is not cumulative, acts less upon the medullary and peripheral nerves and produces no gastro intestinal disturbances. See Cushny, Bartholow, U. S. P. Potter, etc.

(3) Squill.

Like digitalis it slows the heart and increases its force. It surpasses digitalis in the stimulation of the renal function, as a most efficient diuretic. *Unlike* digitalis it is purgative, not cumulative nor, in doses given, a renal irritant. See Potter, Shoemaker, Bartholow, U. S. Dispensatory, etc.

(4) Sambucus (Elder).

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It acts on the liver.

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Rheumatic Pain and Fever.—In *The Medical and Surgical Bulletin* we find the following under the caption of "Acute Articular Rheumatism," by Dr. E. G. Evans: "Salol is the best intestinal antiseptic we have, and Antikamnia as a pain reliever, is, without doubt, unsurpassed, therefore the combination of these two remedies in the form of the well known 'Antikamnia and Salol Tablets' affords us the ideal medicament for pain and fever in rheumatic conditions. Patients appreciate the fact that when administering Antikamnia, you relieve the pain without giving them morphia, while the salol acts as a germicide and antiseptic, tending to ameliorate generally the symptoms of the disease. Antikamnia and Salol Tablets (each tablet contains 2½ grains Antikamnia and 2½ grains Salol), are best given in doses of two tablets every three hours until ten or twelve tablets are taken during twenty-four hours. The patient's bowels must be kept open and the diet should be light. Alcohol is contra-indicated and water should be freely and frequently given. The bed covering should not be too heavy, but warm. Cold water packs, as well as hot fomentations are very beneficial."

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THE

TEXAS MEDICAL JOURNAL.

ESTABLISHED JULY, 1885.

PUBLISHED MONTHLY.—SUBSCRIPTION $1.00 A YEAR.

VOL. XIX. AUSTIN, FEBRUARY, 1904. No. 8.

Original Contributions.

For Texas Medical Journal.

Does the Germ of Yellow Fever Have Its Permanent Host in the Stegomyia Fasciata?*

BY J. P. OLIVER, M. D., CALDWELL, TEXAS.

The etiology of yellow fever is still a disputed point, some contending that the mosquito is the sole disseminator, and that it is the permanent host of the fever germ; while others, the writer included, believe that it may be conveyed by the mosquito by infection, or by fomites, and that the mosquito is neither the host nor the sole disseminator of the disease. The record of yellow fever in the United States furnishes abundant proof of this assertion. It has been heralded all over the world by several scientific bodies that the above mosquito is the sole disseminator of the disease. It would seem almost like utter presumption on my part to raise my voice and use my pen against such august bodies of science. But I am thankful that I live in a country where free speech is one of the bulwarks of this great American nation. I maintain that the past record of yellow fever in the United States and other places, and from the time that Columbus landed first in Cuba, does not sustain the mosquito theory of the disease, nor does the present epidemic of yellow fever, which has been prevailing in the Mexican ports and along the Texas border for the last two months sustain it.

*Read at Hearne meeting of the Brazos Valley Medical Society, January 14, 1904.

The work of Drs. Reed, Carroll, Lazear, and Aggremonte definitely proved to their own satisfaction and many other eminent men in the profession that the above mosquito was the sole disseminator of yellow fever, at the International Medical Congress in Havana in 1901. The work of Sanarelli was world wide. He found a bacillus in a large portion of his cases, which he believed was the cause of yellow fever; his experiments on some of the lower animals seem to confirm his investigations. Still other investigators failed to find the bacillus icteroides in most cases. Sternburg and his pupils, in their investigations, identified the bacillus as similar, if not identical, with the bacillus of hog cholera. Subsequent investigators as to the etiology of yellow fever from the icteroides bacillus have been discredited.

In the *Houston Post* of August 1, 1903, there was a criticism by the *Washington Post* of Surgeon General Wyman, of the Marine Hospital Service, relative to the mosquito theory of yellow fever, to which Dr. Wyman tersely replies in the following language: "In yellow fever Institute Bulletin No. 13, which is the bulletin referred to by the *Post* criticism, there can be found no statement that yellow fever is no longer a peril, nor even that the germ of yellow fever has been discovered, though it may seem evident to careful readers that there is an apparent demonstration in its life's history in the mosquito. But even this demonstration must be repeated and verified, and, moreover, a completion of the work will require a demonstration of this organism in the human being, which has not yet been done. Extra vigilence and special measures are just now being maintained by the service to prevent the conveyance of the scourge from Mexican ports to our own southern seaports, and grave anxiety will be felt from now until the appearance of frost by those who have the practical experience of yellow fever, and who are specially charged with its exclusion." Dr. Wyman has taken a very wise view of the situation of yellow fever along the Mexican ports and cities, but in spite of all extra vigilance and measures employed by the service, yellow fever has reached the Texas border towns and some of the interior towns, notably San Antonio, where twelve cases have been reported up to this writing, with a mortality of 33 1-3 per cent of the total cases. Dr. Guiteras, one of the marine experts of yellow fever and one who is thoroughly convinced that the mosquito theory of yellow fever is correct, received a telegram from Dr. Wyman October 24, 1903, "That the Pasteur Institute Commission of France has absolutely settled on the mosquito theory as the only means of spread-

ing the disease." The lamented Pasteur himself was the greatest benefactor, perhaps, of his day to the peoples on hydrophobia, and I accept his teachings with all of may capacity along this line, but we do not know as yet, at least the writer does not, whether their investigations have demonstrated the yellow fever germ in the human blood, whether it has been confirmed by subsequent investigators. Until this is done the subject is an open one to scientific research. The report of the magnificent work of Drs. Parker, Beyer and Prothier at Vera Cruz during the summer of 1902 has been published by the Public Health and Marine Hospital Service; this report embraces a period from 1509, when Deigo De Neuces occupied the place then called New Spain, up to 1902. His forces numbered 780 men. On the first day of occupation they lost 100 men, shortly after 200 more, and at the end of fifteen months there remained only sixty survivors. From that date the fever has probably continued with variation that corresponds to the supply of immunes. The early historical data dealt only with great epidemics and correspondingly great loss of life. During the last thirty-six years a more or less accurate system of vital statistics has been kept. It is surprising to note that during this time 7861 deaths have been ascribed to this disease occurring annually. This is perhaps the most exhaustive report ever made of yellow fever at Vera Cruz, but it compares favorably with the history of yellow fever in Havana, Cuba, up to the time of its occupation by the American forces during the Spanish-American war. And I suppose the unsanitary condition of both cities was apparent to any ordinary observer. The record of the fever at Vera Cruz embraces a period from 1509 to 1902, inclusive, by this learned biological body of men, and the mosquito had occupied very little attention until a few years ago. Their examination of the blood of yellow fever patients yielded negative results as to any parasite, all bacteriological examinations were uniformly negative. Agglutination tests were undertaken with a variety of bacteria, including the bacillus icteroides of Sanarelli, but no positive results were obtained. Having exhausted these measures of isolating germs from the blood they turned their attention to the infected mosquito and announce as a result of their work the following conclusions:

1. The bacteriological examination of the blood of cases of yellow fever during life and the blood at autopsy and other organs performed immediately after death in uncomplicated cases is negative.

2. Stegomyia fasciata, when contaminated by feeding on a case

of yellow fever forty-one and one-half hours after the onset of the disease and subsequently fed on sugar and water for twenty-two days one and one-half hours can, when permitted to feed on non-immune individuals, produce a severe attack of the disease.

3. Stegomyia fasciata contaminated by feeding on a case of yellow fever and after varying periods killed, sectionized and appropriately stained, present with regularity a protozoan parasite, the myxococcidium stegomyia, that can be traced through a cycle of development from the gamete to the sporozite.

4. Stegomyia fasciata fed on the blood from a case of malarial fever or normal blood or artificially fed does not harbor the parasite indicated in third conclusion.

This is certainly a very interesting report of a biological and scientific commission of learned men and bristles with the mosquito theory. But it is not conclusive as to the etiology of yellow fever, for they have not demonstrated the parasite in the human blood, of yellow fever cases. Protozoa, as is well known to science, are the lowest order of the animal kingdom, comprising organisms which consist of simple cells or colonies of cells and which have no nervous system and no circulatory organs. While the discovery of the hemosporidia in the mosquito is extremely interesting, certain difficulties at once present themselves, when considered critically, why this parasite has never been discovered in the blood. It may be, as Finley has suggested, "that contrary to the habits of the plasmodium, the germ of the yellow fever has its permanent hosts in the mosquito, and that only certain stages in the cycle of development are found in man, but it should be remembered that hemosporidia are not beyond the power of the microscope." (*St. Louis Courier,* August number.) In the February number, 22, of the *American Medicine,* Reed, Carroll and Agramonte established the mosquito theory of yellow fever exclusive of all other means, to their own satisfaction, beyond the possibility of a doubt. They state under their own report, "That the germ of yellow fever passes through a Berkfield filter. The germ or parasite of yellow fever, if it be a germ, must be very small or very elastic, or both, to pass through a filter that is impenetrable to very small bacteria. Under conclusion eleven they state that while the mode of propagation of yellow fever has now been definitely determined, the specific cause of the disease remains to be discovered. F. N. Welter (*Journal of the Association of Military Surgeons,* October, 1903), says that persons on board of a ship anchored at some distance from shore in a yellow fever port may become pri-

marily infected with yellow fever without having set foot on shore. The infection thus caused has been traced directly or indirectly to the taking in of stores and provisions. Secondary cases have frequently happened on board of ships at a considerable distance from shore, then continued after the ships left ports. Epidemics on board of men of war have been prevented by the timely isolation—sending on shore—of early cases. In some instances an epidemic has not developed on ships after yellow fever had appeared, even when it was impossible to send the sick away from the ship in the very beginning of the attack. First cases have occurred from the sixth to the twelfth day after leaving port. Transferring a ship's crew from an infected vessel to an uninfected vessel put sudden end to the epidemic. The sick transferred from an infected vessel do not necessarily cause new foci. Here is military circular evidence directly contradictory to the mosquito theory and sustaining the former data of the etiology of yellow fever, not only on land, but aboard men of war and vessels of commerce. James Carroll (*Journal of the Medical Association,* November 28, 1903), believes he is justified in making the following conclusions:

1. The fusiform stage of the so-called myxococcideum stygomiæ of Parker, Beyer and Pothier, 1903 (which is mentioned in the foregoing article), is not connected in any way with the transmission of yellow fever.

2. This organism appears to be not a protozoan parasite (which is one of the lowest orders of the animal kingdom), but a yeast fungus. In its fusiform stage, the only form in which it was constantly present, it shows the characteristic budding, staining affinities, and vacuolation of spore formation of a blastomycele, and is found with considerable regularity in both male and female mosquitoes that have purposely been fed on over ripe bananas, to which a pure culture of wild yeast had been added in the laboratory.

3. This organism has not hitherto been found in separated examinations of mosquitoes of the genus stegomyia that have bitten yellow fever patients in the early stages of the disease, when such insects had been fed only on blood, dry sugar and water. This statement applies also to mosquitoes that are known to have produced the disease in human beings.

Before discussing the negative side of the mosquito theory, I wish to pause a few moments to complement and commend the magnificent work done by Dr. Tabor, State Health Officer, that of the Public Marine Hospital Service, also that of the military and local physicians. Their task has been an arduous one and they have

all proven themselves workmen worthy of their steel, for their unceasing labors performed in Laredo night and day during the present epidemic of yellow fever. We have only to look over to Monterey, Linares, Tampico, Nuevo Laredo and other Mexican cities, where the disease has been prevailing for the last two or three months, to observe the differences in sanitation which, after all that has been said, in my opinion, is the key that unlocks and makes possible the stamping out of any epidemic. Laredo perhaps is in the best sanitary condition condition of any city in Texas, with an average mortality of about 10 per cent, while the Mexican cities are perhaps three times this amount. To close readers of the daily papers it would seem that Dr. Tabor and all of his associates, both State and national, were committed to the mosquito theory, but the very fact of a strong local quarantine established everywhere against the infected places of yellow fever contradicts the mosquito theory, and establishes the fact that the mosquito is not the only means of dissemination. Dr. Tabor, I am gratified to say, is one of the fellows of the Brazos Valley Medical Association, and he is establishing not only a State reputation as a health officer, but national also. Yellow fever has prevailed and is prevailing as an epidemic at Linares, Tampico, Vera Cruz, Monterey and Nuevo Laredo and several other towns in Mexico for the last two or three months with a mortality of from 10 to 40 per cent., in spite of all the efforts made by the proper authorities. It reached Laredo and several towns along the border early in September with a mortality of from 2 to 5 per cent. for the first thirty days, after this the mortality gradually increased to about 12 per cent. at the end of the next thirty days, or it was about at this ratio when the freeze came about the 16th of November, and the epidemic was soon ended.

I wish to state that when the epidemic was at its height, from thirty to thirty-five cases reported daily, the mortality averaged from 10 to 12 per cent., notwithstanding the daily efforts made by the sanitary officers to stamp it out. But two freezes did more to stop the scourge than all the previous work done by the oil and fumigating brigade combined. This corresponds with all previous epidemics of which I have any data. Yellow fever is endemic at Vera Cruz, so the record shows, from 1509 to 1902, inclusive, it would seem that immunes would be plentiful for the mosquito experiments.

Scarcely a summer passes without sporadic cases, and sometimes severe epidemics like the present year, mortality having

reached 40 per cent., as reported by the Hoard of Bealth. Havana used to be in the same condition until the Spanish-American war was ended, and the city placed in a thorough sanitary condition by the United States offices, since which time Havana has been clear of yellow fever. I am persuaded that a large majority of yellow fever cases in the Mexican cities are due to the unsanitary condition of these cities. My wife, with whom it has been my good pleasure to live in connubial bliss for forty years, tells me that cleanliness is the next thing to godliness, and wherever properly observed, individually or collectively, health will abound, the mosquito to the contrary notwithstanding. Present data of the cities observing strict sanitary laws show beyond a reasonable doubt that epidemics of former mortality are things of the past, therefore I firmly believe that the present epidemic of yellow fever is recrudescent from former epidemics, unsanitation and perhaps the mosquito, to some extent, but not solely. Memphis, Tennessee, had a severe epidemic in 1878; the city suffered terribly, many victims were improperly interred and the scourge broke out next season, evidently recrudescent, not to say anything about the mosquito. Of the fifty-five unacclimated physicians who exposed themselves during the epidemic at Memphis in 1878, fifty-four suffered attacks of yellow fever. Here is a singular coincidence of fifty-four physicians being bitten by the stagomyia fasciata, if the mosquito theory is correct. Of these physicians who were non immunes, fifty-four out of fifty-five had the fever; think you which is the most reasonable theory how they became infected, by the mosquito, by contagion or by fomites? It is reasonable to suppose that they were constantly with the yellow fever patients, and it does seem unreasonable that fifty-four were bitten and one escaped if the mosquito is the only means of dissemination. True, he may have been an immune, but it is not reasonable to suppose that he was. In these cases the period of incubation varied from one to twenty-five days, the average duration being ten days. These physicians all remained steadfastly to their post of duty, consequently the attack which occurred on the twenty-fifth day was postponed for that length of time, during constant exposure in a locality most intensely infected. (*Pepper's System of Medicine.*) Memphis officials, seeing the unsanitary condition of their city, went to work and placed the city of Memphis in a good sanitary condition, and not a single case is recorded there since. The mosquito was not thought of, much less oiled.

A short impartial review of several cases of yellow fever at San

Antonio is opportune. Mrs. Kurkas' case, which was diagnosed by Drs. Tabor, Murray and McDaniel to be a case of genuine yellow fever, who was taken sick on the 6th day of October and died on the 11th of October. Her mother, who lived at Hondo, nursed her daughter from Thursday, went back with the body to their home and was taken sick four days afterwards, and ran the course of all the symptoms of yellow fever, dying with black vomit on the sixth or seventh day. This is a case that Dr. Tabor went to see from Laredo. The husband of the mother was taken sick a week afterwards, and died with all the symptoms of yellow fever, this making three of one family from the same house who died. Mrs. Urbenek, living directly across the street from Mrs. Kurka, and who was nursing her before her mother came, was taken sick five days after Mrs. Kurka's death, and died with all the symptoms of yellow fever, so pronounced by her attending physician, Dr. Braunegal. A boy by the name of Adams, 16 years old, living one block from Mrs. Kurka, died about one week after her death, and there was black vomit all over the bed clothes, as stated by the neighbors. A girl that lived at West End, and came by Mrs. Kurka's every morning to her work in town, was taken sick and died about ten days after Mrs. Kurka's death at the city hospital. A post mortem was made of this case and showed every change that occurs from yellow fever, making it out absolutely without any doubt a genuine case. If the mosquito infected the above cases, by what route did he come ("Red Back"), as it requires from twenty to thirty days for the mosquito to act and the incubation in these cases was not over ten?

Major Charles F. Mason, Chief Medical Officer of the Department of Texas, who was ordered to Laredo by the War Department to investigate the yellow fever situation at Laredo, Texas, in the interest of the military department, says: "My investigations through the physicians who held the autopsy on Dr. Ruiz in Nuevo Laredo, leave no doubt in my mind that the gentleman died with yellow fever. I am advised that Nuevo Laredo has two other cases, one now convalescent and another, a young lady, ill in bed. I could not go to Nuevo Laredo to make a personal investigation, as the American quarantine is so strict that even the health officers can not go across the river and return. There are a nmber of suspicious cases in Nuevo Laredo and these are said to be dengue fever, but the physicians certain of their diagnoses of the cases positively pronounce them yellow fever. The quarantine at Laredo is most rigid, the military having a perfect guard on the Fort

McIntosh front, while the Marine Hospital Service and the State have a patrol up stream forty-five miles and forty-five miles down stream, making a close guard along ninety miles of river front, yet they could not quarantine the mosquito. Laredo," says Dr. Mason, "is cleaning up thoroughly and is rapidly getting into a first class sanitary condition. The military post along the Rio Grande have everything in their jurisdiction well in hand for any emergency." Here was a strong guard for ninety miles under military rule, it seems to me that the very fact of this rigid quarantine excludes the possibility of the mosquito being the only disseminator, but that the officers in charge do not show their faith by their works. This report was on the 18th of September, last, when only three or four cases were developed. When Dr. Brumby, Houston's health officer, visited Nuevo Laredo about October 16th, he stated the number of cases of yellow fever had been greatly underestimated up to his visit; that at least 1500 cases reported dengue fever, but in reality were yellow fever with what mortality the data does not show. Recently the Governor of the State in which Nuevo Laredo is situated, stated that he believed 3000 people had been sick of yellow fever in Nuevo Laredo.

Dr. Mason says: "It has not been established when or through whom yellow fever was brought to Nuevo Laredo. It is believed that the infection was brought there by some previous arrival, whose identity is not known." September 28th Dr. Guiteras urged fighting the mosquito as the only means of stamping out the disease. He said that his theory of communication of the disease was accepted by the International Congress at Havana in 1901. Although there were many learned physicians who do not accept this theory, he is firmly convinced of its correctness. The same issue Dr. Tabor said, "he believed the fever could be transmitted by infection and that, while the mosquito undoubtedly conveyed the disease, he thought it could be acquired by infection as well." Dr. B. H. Carlton, in charge of the State Quarantine Department at the mouth of the Brazos river, in an interview on October 16th, stated that there was no doubt in his mind that the mosquito disseminated the disease, but you must remember that it is malignantly contagious, and is oftentimes carried from one point to another in a simple way. At a time like this I consider it impossible for the fever to get in the State through any of our seaports, as our system of quarantine is too complete and thorough. Every vessel that comes into port is boarded and disinfected. There is no comparison between the quarantine along the sea coast and along the Rio Grande, where individuals can slip across the river, maybe at night

miles away from town, and succeed sometimes in evading them. Dr. Carlton sustains the views of Dr. Souchon of New Orleans, and many other eminent men, who do not believe that the mosquito is the only disseminator of the disease. The record of yellow fever during the last century proves this beyond the shadow of a reasonable doubt, to my mind, not to say anything about the present epidemic; but in this, the beginning of the twentieth century, when everything is pushed and rushed apparently with electric speed, commercial clubs, boards of trade, corporations of every character, are pushing the almighty dollar to the uttermost parts of the earth, the public health sinks in insignificance compared with the dollar, and the day is not far distant, in my opinion, when the political head of any medical man may fall if he raises his voice against certain theories. I maintain that the public health should be above everything else, commercialism to the contrary notwithstanding. What is life to a multimillionaire if he is deprived of health? Only retrospect the past of your lives, and how many wanderers have you seen seeking health? The mosquito theory, if correct, does away with the quarantine, for this is its ultimate aim, and I believe this to be the battle ground of the future theory of the mosquito. It seems to me that the fight against the mosquito is along this line and that of sanitation. Dr. Guiteras said he had oiled, or that the mosquito force had oiled, about 2000 barrels of water in Laredo, and the lamented Dr. Murray, of the Marine Hospital Service, said 2500 barrels of water had been oiled, and this had slain 18,000,000 of mosquitoes, which would have preyed upon the citizens of Laredo if this had not been done. The mortality of Laredo, compared to the Mexican cities, tells the story in no uncertain way that sanitation is the chief factor in the case. If the mosquito theory is correct, and they are the sole transmitters of the disease, and is the immediate host of yellow fever, there need be no stoppage of commerce on sea or land. Lock your doors and come and go through every infected port, so you don't let the mosquito puncture you with his bill; if you do, he is said to be a depositor as well as a sucker. The truth, the whole truth, and nothing but the truth is what the practical and scientific world wants. If the mosquito is the permanent host of yellow fever, surely the microscope will verify it. It is an old saying, but nevertheless true, that no fox is so crafty but what some hunter can put his hide on a pole. So it is with the germ of yellow fever, if a germ it is. Some scientist or practical medical man will establish the fact to the medical world.

Caldwell, Texas, November 9, 1904.

For Texas Medical Journal.

Tonsilitis.*

BY W. N. BROOKS, M. D., FRANKLIN, TEXAS.

This paper is gotten up with the view of provoking discussion and as a plea for the conservative treatment of the tonsil rather than destructive.

The tonsil stands at the portal of entrance of the lungs and stomach (at the parting of the ways), and, as is well known, in nature the infinite mind conceives and creates nothing merely as evidence of creative ability, therefore there must be a reason for their creation. In my humble opinion their purpose is to render harmless, as far as possible, the ever present germ outside of contagious diseases, cultures taken from the throat give the streptococcus, staphylococcus, both of which are pathogenic, and there are other less harmful germs present too numerous to count, and, as is well known, only in those who have a lowered resistance from some other cause outside of the throat, usually "cold" or "damp" do we see a follicular attack of tonsilitis. We find tonsilitis in children of weakly constitution either from inheritance or environment. In those with chronic enlarged tonsils, or adenoids, we often have a strumous tubercular or syphilitic parentage. Then, gentlemen, let us, instead of going in and ruthlessly cutting out what was intended to protect the child, treat the tonsil, try to bring it back to a condition of usefulness, bring up the natural resisting power of the body, thereby taking work off the already overworked organ, giving it a chance to get back to a condition where it can fulfill in part or in all the work mapped out for it. Let me make a plea for the doctor to impress on patient and friends the necessity of the doctor seeing a patient after the acute symptoms have passed off until patient's throat and general condition is brought back to a state of health. In the chronic forms local antiseptic astringent with general hygienic and tonic measures will produce a change in the patient's health that will be a surprise to men who think the knife the alpha and omega for these conditions.

As to the relation existing between tonsilitis and rheumatism, might say the cause of rheumatism not being known, it's possible, nay, probable, that the cause is the same, the clinical difference

*Read before the Brazos Valley Medical Association at Cameron, Texas, May 12 and 13, 1903.

caused by difference in absorption or constitutional condition of patient.

To lengthen out this paper and perhaps refresh our memory, we will take the morbid anatomy as given by Osler: "The lacunæ of the tonsils become filled with exudation products, which form cheesy looking masses, projecting from the orifices of the crypts. Not infrequently the exudations from contiguous lacunæ coalesce. The intervening mucosa is usually swollen, deep red in color, and may present herpetic vesicles or, in some instances, even membranous exudations in which case it may be difficult to distinguish the condition from diphtheria. The creamy contents of the crypts are made up of micrococci and epithelial debris."

For Texas Medical Journal.

The Finsen Light Cure.

BY H. JOHN STEWART, M. D., CHICAGO, ILLINOIS.

Having read and heard so much about the Finsen light treatment in the curing of disease, I decided in April of this year, to make a personal investigation to see and learn for myself if it was true that such diseases as lupus and rodent ulcer could be cured by light. I visited several institutions where the Finsen lamp was in operation. In Manchester, England, in the Salford Skin Hospital, they had a Finsen light department under the supervision of Prof. Brooke, who informed me they were unable to treat half the sufferers who applied for treatment, and they had solicited by public subscription $125,000 for the erection of a new hospital for skin diseases, where they would be able to enlarge the "light department" so at least two hundred people could be treated daily, as there were people on their waiting list whom they would be unable to treat, with their present facilities, for an indefinite time. Prof. Brooke was most enthusiastic over the wonderful results they were obtaining there.

I next visited the London General Hospital, of London, England, and found they were just completing an immense light department, that had been established by the present Queen of England, then Princess of Wales, in 1900, who presented the first lamp at that time, and it was found to be far too inadequate. She had just given a second lamp and Alfred Harmsworth had also given $50,000 for the perpetual endowment of another Finsen lamp in this department, and they were then building a platform

to receive the king and queen, whom they expected to come June 11th to dedicate this new department, and even with these increased facilities, I was informed by Prof. Sequirey, there were patients on the waiting list who were unable to receive treatments.

I next visited the Light Institute at Copenhagen and found that all the statements that had been made regarding it were not in the least exaggerated. I had the pleasure of meeting and studying under Prof. Finsen himself and was extended every courtesy by Prof. Finsen and his assistants at this institution. He seemed very much pleased to describe in the minutest detail the apparatus, treatment, etc., and gave me a detailed history of the Finsen light.

The Finsen light is a large specially constructed arc lamp of 20,000 candle power, or twenty times stronger than an ordinary street light and uses from sixty to eighty amperes of current. This lamp burns a specially made carbon, which can only be procured at Copenhagen. In the upper holder is a large carbon, while a smaller one is used in the bottom holder; when properly adjusted for arcing a maximum number of violet and ultra violet rays are produced. The advantage of the Finsen lamp over others is in the greater number of violet rays produced. The Finsen lamp produces a much greater number of chemical rays than sunlight, as the atmosphere absorbs a large percentage of these rays. The light is so intense it is impossible to look at it with the naked eye and it is necessary for all the attendants and patients to wear dense smoked glasses while the lamp is in operation. An aluminum hood about two feet wide surrounds the lamp, which hood is fringed on its lower border with a deep crimson colored paper skirt to further aid in excluding the diffused light from the patients.

The concentrated rays are carried from the arc to the patients through four telescopic tubes, known as converging tubes, suspended at an angle of forty-five degrees, the tubes containing a series of rock crystal lenses so arranged that reservoirs for running water exists between them. By means of the water screen and rock crystal lenses, all rays but the violet are eliminated, and these rays are convergent and concentrated, thus vastly increasing the healing and bactericidal effects.

The heat from the original arc is so intense that to prevent cracking of the lenses and discomfort to the patients, a stream of cold water is kept constantly circulating through the reservoirs or water screens.

To further concentrate and cool the rays a compressor is provided which consists of two rock crystal lenses so arranged that a

chamber for running water exists between them. This part of the apparatus is used to compress the affected area and make it bloodless during the treatment, thus facilitating deeper penetration. The Finsen arc light has been usd with marked success in curing many skin diseases, thought until this time incurable, especially lupus and rodent ulcer. During a period of six years the Finsen Medical Light Institute at Copenhagen has grown from a very small shed, where they were only able to treat one patient at a time, to a magnificent institution, where they are now treating three hundred people daily, and light institutes have been established in London, England; St. Petersburg, Russia; Paris, France; and Chicago, Illinois, where they are all carrying on a similar work to the parent institution.

It has been a popular belief that lupus was a very rare disease and common only in the northern countries, and although it was supposed there was no lupus in London, yet the hospitals are now treating 175 daily and the management was compelled to install two more lamps and build a separate department, so great has been the demand from people seeking relief. Lupus was considered very rare in the United States, but since the establishment of the Finsen Light Institute in Chicago, the author is informed, they have been taxed to their utmost capacity, and they, too, have found it necessary to increase their facilities as there are now patients on the waiting list who are not able to receive treatment. It seems but a question of a short time until light institutes will be established in every large city in America, because it has proven so efficacious in many other skin diseases besides lupus and rodent ulcer, such as acne, alopecia areata, localized eczema, chronic ulcers and naevus. The treatments are given while the patients recline on couches. By firm pressure with the compressors on the tissue to be treated, the blood is removed and more heat can be borne and deeper penetration produced. This compression has another important advantage in that the bacteriological effect is greater because it has been shown that the corpuscles absorb a considerable portion of the rays and thus prevent deep penetration.

The affected area is about ten inches from the distal end of the converging apparatus and the treatments, or seances as they are called, take about one hour daily in lupus and rodent ulcer, and in other skin diseases from ten to twenty minutes, depending upon each individual case.

The results attained have been hardly less than marvelous since from carefully compiled statistics covering a series of over 300

cases of lupus treated at the Finsen Institute an overwhelming percentage of cures and an insignificant number of failures is shown, and Prof. Finsen goes so far as to say that in lupus vulgaris cures can be obtained in 97 per cent. of cases, even where the whole face is involved. In these eight hundred patients, with ages ranging from 5 to 74 years, the average duration of disease was eleven years. This treatment has an advantage over the X-ray in that there is no danger of burning and consequent sloughing. With the light treatment we are dealing with a known quantity, while with the X-ray we have an unknown quantity of uncertain action.

The light treatment causes no pain; a red erythemathous spot and blister appears where the light is applied, and in five or six days the scab falls off and the ulcer is healed beneath, and the skin is left free from scar or cicatrix, but red, the redness, however, after a variable period fades and leaves the skin white and uncontracted, except where there has been a loss of tissue from the disease before treatment.

In conclusion, the author would state that the possibilities for the light treatment in the curing of diseases are still unknown, and believes in a limited time it will take an exalted position in the field of medicine and surgery.

For Texas Medical Journal.

Intestinal Obstruction from Meckel's Diverticulum.*

BY STUART M'GUIRE, M. D., SURGEON IN CHARGE ST. LUKE'S HOSPITAL, RICHMOND, VA.

Whether admitted or not there is undoubtedly a general belief among surgeons that cases occur in groups, and I confess the superstition has been brought home to me by three cases of intestinal obstruction, due to Meckel's diverticulum, that have recently occurred in my practice. The symptoms, pathologic conditions and final results were so similar in all that it is unnecessary to give a separate history of each. All were men between twenty and thirty years of age; all were taken with sudden abdominal pain, followed by obstruction, distension and peritonitis; all were brought to the hospital practically moribund from sepsis; all were diagnosticated as fulminating appendicitis; all were operated upon, and all died.

In each case where the abdomen was opened, there was the escape

*Paper read at meeting of the Richmond Academy of Medicine and Surgery, January 12, 1904.

of a quart or more of bloody serum; in each the bowels were inflamed and distended with gas, and in each a gangrenous diverticulum was found, originating from the ileum, extending upward and inward to be attached by its tip to the mesentery, and having beneath it an incarcerated coil of small intestine. The specimen I exhibit was removed from the last case. It was seven inches in length, one inch in its smallest diameter and is expanded at its tip into a sacculated cavity.

The rapidity with which a strangulated diverticulum kills, and the necessity of surgical intervention even more prompt than in

appendicitis, has led me to study the available literature on the subject and to report the rather unsatisfactory result.

In early fetal development the intestinal canal communicates with the vitelline sac by means of the vitelline or amphalo mesenteric duct. This duct begins at the lower end of the ileum and passes through the abdominal wall at the site of the future umbilicus. It usually becomes obliterated at the end of the sixth week. If it does not undergo atrophy a diverticulum results shaped like a glove finger, with its base opening into the bowel and its tip either floating free in the abdominal cavity or attached by a fibrous cord to the umbilicus. Meckel's diverticulum varies in length from one to ten inches, and in diameter from a scarcely permeable tube to a protrusion the caliber of the small intestine. It is usually cylindrical in shape, but may be sacculated or expanded into cavi-

ties. The distal extremity may be smooth and tapering or it may be rough and bulbous. It is usually located about three feet above the ileo cecal valve on the convex side of the intestine opposite the insertion of its mesentery.

If free the distal end may become adherent to any place within the abdominal cavity its length permits it to reach. Its most frequent point of attachment is the mesentery, although a case is reported where it was fastened to the bladder.

When Meckel's diverticulum is connected with the umbilicus by a fibrous cord it may cause intestinal obstruction by a loop of the bowel becoming twisted around it. When it floats free in the abdominal cavity it may cause obstruction either by encircling a bowel and becoming mechanically locked by its club shaped extremity or by the free end becoming attached to a fixed point by inflammatory adhesions and a loop of intestines being caught beneath it.

Meckel's diverticulum is said to exist in about 2 per cent. of all bodies examined. I have accidentally observed its presence several times while operating for other abdominal troubles. As the victim of the abnormality usually goes through life unconscious of its existence, and as only a small per cent. have abdominal obstruction, the number of cases reported is not large.

The symptoms due, to strangulation by the diverticulum are sudden in onset. Pain is severe and persistent and referred chiefly to the region of the umbilicus. Vomiting appears early and may become stercoraceous; tenesmus and discharge of blood from the rectum are absent; constipation is, as a rule, absolute; the abdominal wall is not rigid, but later becomes tense from distension; fever and the attending symptoms of sepsis begin with the development of peritonitis, and sometimes there is tenderness or a perceptible swelling near the umbilicus.

All writers admit that it is impossible to make a positive diagnosis in a case of intestinal obstruction due to the diverticulum, or to differentiate it from intestinal paresis due to peritonitis of appendicular origin, hence the importance of early operative intervention in doubtful cases.

Ochsner's method of treatment of peritonitis, while valuable in appendicitis, would prove uniformly fatal in mechanical obstruction. The abdomen should be opened in the middle line and the lower right quadrant first examined. If there is a large quantity of bloody serum free from the admixture of pus a strangulated diverticulum will most likely be found. As soon as it is located the tip should be separated from the tissue to which it is adherent and the

obstruction relieved. The patency of the bowel should then be demonstrated and its walls carefully examined to see if they are damaged sufficiently to necessitate resection. Finally the diverticulum should be removed. If it is small it may be tied and amputated like an appendix, the stump being buried or covered with peritoneum. If it is large it would be unsafe to trust to a ligature, as it might cut through and cause death from peritonitis at a time when the patient was regarded as out of danger. If the size of the diverticulum approaches that of the ileum from which it originates it should be amputated and the opening closed with the same care and by the same methods as an intestinal wound of the same size from other causes.

Correspondence.

The Alleged Serum Trust.

Editor Texas Medical Journal.

It has been charged repeatedly by sensational newspapers within the past few days that the antitoxin producers of this country have formed a trust and greatly advanced the prices of diphtheria antitoxin without any regard whatever for the welfare of the public. As it is important for the medical profession to know the exact truth, we ask you to allow us space to present the facts to your readers.

The manufacturers of antitoxin have not formed a trust or combination.

The price of antitoxin has not been advanced, but it has been materially reduced.

Formerly diphtheritic antitoxin was marketed in two grades called by us "special" which was a concentrated serum, and "regular," a much weaker product. For obvious reasons, the majority of the medical profession preferred the "special" serum, its much smaller bulk per 1000 units more than offsetting, in their opinion, the necessarily greater cost.

There has also been considerable complaint from the medical profession about the multiplicity of packages and sizes offered, we ourselves listing ten, and it was believed that a reduction of this number would be in the interest of everyone concerned.

For these reasons, and others of equal weight that we could enumerate, we determined to discontinue the weaker serum and

supply only the concentrated, or highest grade product, after January 1, 1904 At the same time we discontinued the 500 unit so-called immunizing dose, since many able members of the medical profession now believe that 1000 units should be given for immunizing purposes. At the same time we reduced the price of the concentrated serum as is shown by comparing the present retail price of this product with that of last year.

	1000 Units.	2000 Units.	3000 Units.	4000 Units.
1903, Price.....	$ 2 25	$ 4 00	$ 5 75	Not offered.
1904, Price.....	2 00	3 50	5 00	$ 6 50
	25	50	75	

Of course, there are liberal discounts to druggists from these prices.

The charge that we have raised the price of antitoxin is therefore seen to be absolutely false. Not only have we reduced the price, but we are supplying now only the highest grade serum that can be produced by expensive equipment and the most advanced scientific methods, believing that the interests of the public and the medical profession are alike conserved by our doing so. Our house introduced the syringe package of serum to the physicians of America and we have ever striven to co-operate with the medical profession as far as possible. It is, therefore, we believe sufficient to call attention to the above facts, which completely refute the absurd and maliciously circulated charges which have called forth this statement. Very truly yours,

FREDERICK STEARNS & CO.

Detroit, Mich., January 13, 1904.

LETTER FROM PARKE, DAVIS & CO.

103 Dearborn Ave., CHICAGO, January 15, 1904.

Messrs. Parke, Davis & Co., Detroit, Mich.

GENTLEMEN: There has been a good deal of comment in the newspapers in reference to the alleged combination of the antitoxin manufacturers, with a consequent raise in price, which it is claimed is 50 per cent. over former prices. How much truth is there in this statement? Kindly let me have your side, as we have been requested to take up the matter. Also, will you kindly send me your price list in force three months ago, or more, and that of today, both wholesale and retail. Thanking you in advance for the favor of a reply, I am, respectfully yours,

GEORGE A. SIMMONS, Editor.

George H. Simmons, M. D., Editor of the Journal of the American Medical Association, 103 Dearborn Ave., Chicago, Ill.

DEAR SIR: In answer to your inquiry of the 15th, we have pleasure in making the following statement:

Beginning January 1, 1904, we market only one grade of antitoxin, in four packages or doses:

Number of Units.	List Price.
1000	$2.00
2000	3.50
3000	5.00
4000	6.50

Trade discounts: 25 per cent. to the retail and 33 1-3 per cent. to the wholesale druggist.

Injecting Device.—With each package of the "new serum" we now supply an expensive device for administering the contents, sparing the physician the need of buying and sterilizing a serum syringe.

Last Year's Prices.—Last year we marketed two grades of antidiphtheritic serum—the standard or X serum, testing 200 and more units to the c. c.; the more powerful and concentrated special or XX testing 500 and more units to the c. c.—at the following prices:

Number Units.	X Prices.	XX Prices.
1000	$ 1 50	$ 2 25
2000	3 00	4 00
3000	4 50	5 75
4000	Not formerly listed.	Not formerly listed.

Last Year's Discounts.—Only 20 per cent. to the retailer; to the wholesaler, 33 1-3 per cent.

Injecting Device.—None furnished until the close of the year.

Potency of the New Serum.—In the 4000 unit package we are placing serum testing on an average 600 units to the c. c.; in the 3000 unit package, serum testing on an average 500 units to the c. c.; in the 2000 unit package, serum testing on an average 400 units to the c. c.; and in the 1000 unit package, serum testing on an average 300 units to the c. c.

Thus, comparing prices and discounts, old and new, allowing for the additional cost of the injecting device, and remembering that the new serum in point of concentration and antitoxic potency, is much superior to the X and all but equal to the XX, you will see that our 1904 prices exhibit a reduction and not an advance.

Free Exchanges.—Fully 40 per cent. of all the serum we sell comes back for free exchange. What becomes of the returned

serum? It is poured into the sewer. This is the sole reason for our marketing henceforth one grade of antitoxin in place of two, and four packages or doses in place of ten. The producer, the retailer and the wholesaler will be spared a useless trouble and an enormous expense, while the physician loses nothing thereby.

The Chicago Department of Health.—For years the department profited by the illegal and unconstitutional action of the New York Board of Health, which sold to Chicago its surplus serum. When Mayor Low and Dr. Lederle discontinued such sale the Department, by playing off one producer against another, succeeded in screwing down the price until its business was altogether unprofitable. We know that every sale of serum ever made the Chicago Department by a private producer has been made at a loss. We see no reason why, in buying antitoxin for its poor, the great city of Chicago should compel us to furnish our product at a loss. How much money will Chicago have to spend for antitoxin to be donated to the poor? Less than $5000 a year. If a single life is sacrificed among the indigent sick of your city, it will be solely because the Department refuses to pay a fair and reasonable price for a good product. As for the diphtheria sufferers who are not charity patients, they will henceforth pay less and not more, quality considered.

Federal Supervision.—A federal law compels all makers of biological products to work under federal license and supervision, the license being revocable for faulty equipment of men or appliances, or unsatisfactory product.

Considering the harassing dangers and responsibilities of our biological work, our immense investment of capital, our employment of the most expert scientific talent, and the heavy waste in the form of free exchanges, we feel wholly warranted in writing and urging you to send to Detroit at our expense a trusty and accomplished biologist. Let him come, see our laboratories, compute our expenses and producing costs, and publish his report in your pages. We are prepared to stand or fall by the verdict of any unbiased expert or commission. Very truly yours,

PARKE, DAVIS & CO.

P. S.—Under separate cover we are sending you a copy of our last year's price list (see page 123 and the price change sheet there inserted), and we enclose herewith copy of our latest antitoxin announcement.

A QUESTION IN BUGOLOGY.—Question—If germs germinate in Germany and parasites reside in Paris, what will we find in Cork? Answer—Mike-robes.

THE

TEXAS MEDICAL JOURNAL.

AUSTIN, TEXAS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITED AND PUBLISHED BY
F. E. DANIEL, M. D.
Mrs. F. E. DANIEL, Managing Editor.

ASSOCIATE EDITOR:
WITTEN BOOTH RUSS, M. D., San Antonio, Texas.

Published Monthly at Austin, Texas. Subscription price $1.00 a year in advance
Eastern Representative: John Guy Monihan, St. Paul Building, 220 Broadway, New York City.
Official organ of the West Texas Medical Association, the Houston District Medical Association, the Austin District Medical Society, the Brazos Valley Medical Association, the Galveston County Medical Society, and several others.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS AND ITS CRITICS.

The Unjust and Unworthy Attack of the Editor of the Journal Amer. Med. Assn.

Upon the suggestion and by the authority of Governor Francis and Mr. Rogers, the President and Manager of the World's Fair Exposition at St. Louis, the American Congress on Tuberculosis (organized by the Medico-Legal Society in 1900), has organized an International Congress on Tuberculosis to meet at St. Louis in October next, the committee on organization having been named by President Francis. This committee embraces some of the most distinguished physicians and sanitarians in America. The work of organization is still in progress and is nearly completed. The movement has the sanction and earnest support and co-operation of the general government, and the Department of State has invited, through our ambassadors and consuls, representation from all foreign countries. Many have responded, naming as delegates their most distinguised medical men. The French Congress on Tuberculosis, of which Professor Brouardel is President, has deferred its meeting to 1905 in order to avoid conflict with the St. Louis meeting, and that its members may unite with us at St. Louis.

Notwithstanding all this, certain medical men have bitterly attacked the movement upon the ground that it was not inaugurated

by medical men alone, and certain others because they were left out or kicked out; but most surprising of all, the editor of the *Journal American Medical Association,* in a lengthy editorial (December 12, 1903), condemns and criticises the movement in a manner at once unfair, unjust and altogether unbecoming the great journal of which he has control. Moreover, he is inconsistent and contradictory. It shows prejudice towards individuals, and was evidently inspired by a letter in the same issue of the *Journal* from one Knopf, a regular wail. "Throw a stone and hear a yelp and you may know a dog is hit." I reproduce right here a copy of a letter from this Knopf, which will show the cause of his animus. It is contemptible.

NEW YORK, November 11, 1903.

"Dr. E. J. Barrick, Toronto, Canada.

"DEAR SIR: I have learned that there is to be an American Congress on Tuberculosis of which you are the President. I am anxious to be informed when and where the Congress is to be held, and who is the Secretary and what formalities have to be complied with to become a member? Thanking you in advance for your kindness, I am, very sincerely yours.

(Signed) "S. A. KNOPF."

"P. S.—If there is any printed matter (circulars, etc.) issued, will you kindly favor me with such?"

* * *

This letter was referred to the Executive Council of the Congress, who unanimously resolved that the connection of the applicant with the congress was not for its best interests, and the letter was never answered. Hence Knopf's wail. It was thought that Knopf was not "worth while."

There was another "great" man. His name does not exactly begin with alpha and terminate in omega, but he evidently thinks that all things begin and end in him. He was honored by the appointment to an honorary presidency, and notified of it, and the appointment was officially announced. The chairman of the committee on organization writes me as follows of this great man: "He was kicked out by the unanimous voice of the board for conduct unbecoming a gentleman. * * * He waited over four months, then knowing of the action, but secretly undermining the Congress, and did not resign or decline. He wrote a scurrilous letter, private, to a member of the Board. That letter found its way to the President, and it was regarded as so scurrilous and shameful that by unanimous action he was expelled, and his name ordered stricken off. Later, after he had published a scurrilous assault

against those who had offered him a high courtesy, he sent in his resignation, and he was informed that his resignation was too late and that he had been expelled, and the official action sent him." Hence his tears.

* * *

Now, as to Editor Simmons' assault: What prompted him to say, "* * * those who are working in behalf of the organization known as the Lewis-Brown Congress are animated by pure motives,"—thus conveying the impression by inference that he thinks that those working in the interest of what he contemptuously calls the "so-called" and the "Clark Bell" Congress, are not acutated by pure motives? He thus impugns the motives and asperses the character of some of the most respected and distinguished sanitarians, lay and medical, in America. Why "so-called?" Is it not an accomplished fact? A Congress which he himself says has "the serious and earnest endorsement of the United States government," and to which already there have been appointed as delegates some of the most distinguished medical men of the world?

Dr. Simmons says that "we are neither ready nor is the time opportune for an International Congress." When it is recalled that, according to the United States census, 111,000 persons in the registration districts alone in the United States died in 1900 from consumption, it seems to me that we are "ready," or should be, if ever, to at least make an attempt at preventing its ravages; and when we recall the success with which sanitary science has dealt with other diseases—the mortality of which is insignificant compared with that of the great white plague—we should be encouraged to hope that it can also be rendered less prevalent and less fatal. Is there a single reason why an organized effort should not be made to do so? Could a more opportune time occur than during the great world's gathering at St. Louis this year, when "congresses" will constitute a large part of the program? Dr. Simmons is captious. He cavils at the action taken by the Medico-Legal Society in inaugurating this great movement for sanitary reform, and appears to be envious or chagrined because it was not done by the medical profession. Why did not the great American Medical Association move in the matter? Why did not the American Public Health Association do so? I dare say in either event Dr. Simmons would have found nothing to complain of—notwithstanding the American Public Health Association is not composed solely of physicians, but like the Congress on Tuberculosis, is made up of sanitarians from every department of science

and learning, as it should be. It embraces physicians, lawyers, statesmen, legislators, engineers, educators.

The problem to be solved is not a medical one, but is medico-legal, and requires that there should be influences invoked that can secure the necessary legislation to make effective the reform that is necessary to even partly solve it; and Dr. Simmons well knows with what want of success all attempts at legislation made by the medical profession have met. In the problem of preventing consumption is embraced every feature of sanitary science, drainage, plumbing, architecture, engineering, ventilation, heating, occupation, environment. Even the killing of rats, flies, mosquitoes and fleas comes within the province of preventive medicine—sanitary science—and it embraces also all the principles of hygiene. Thus it will be seen that many of the features are not within the province of the medical practitioner.

In my deliberate opinion, Dr. Simmons has not voiced the sentiments of those whom the great *Journal of the American Medical Association* represents, and he has laid himself open to just censure for thus condemning this great movement, apparently for the reason—and only reason—that it was not instituted by the American Medical Association.

At any rate, no such flimsy objections can for a moment arrest the progress of the movement. It is as futile as the Pope's bull against the comet. The International Congress on Tuberculosis is a success: it will be held —will be largely atended by able and representative men, and it will be productive of great good, if in no other way than by awakening the people to a realizing sense of the terrible losses our people are needlessly suffering every day from a disease easily preventible, and clearly within the scope of sanitary science and legislation.

Surgeon General Wyman says that never again will yellow fever gain a foothold in the United States. So mote it be. It should not, and if Congress will stand by Wyman, give him all the assistance he needs, it probably will not. His powers should be enlarged. His intelligence, zeal and activity are greatly to be commended, and I, for one, think he should be at the head of a Public Health Department, and not a bureau—a sub-department within that of the treasury. The Surgeon General of the Marine Hospital and Public Health Service should be a cabinet officer, and the Surgeon General or Minister or Secretary of Public Health. He has proven his ability to fill such position with honor and credit to himself and to the whole country.

News and Miscellany.

In Memory of Dr. H. A. West.—At the regular meeting of the Fayette County Medical Society the following resolutions were offered and accepted:

Resolved, That in the death of Dr. H. A. West, not only the medical profession of Texas, but that of the United States, has lost one of its brightest members.

Resolved, That the Fayette County Medical Society extend its sympathy to the bereaved family.

Resolved, That a copy of these resolutions be sent to the bereaved widow, and for publication copies be sent to both the *Texas Medical News* and the Texas Medical Journal.

H. A. Tutwiler, President,
I. E. Clark,
F. H. Neuhaus,
P. Chapman, Secretary,
Committee.

Ho for St. Louis.—Take the "Texas Railroad," the I. &. G. N. Shortest and quickest and best route.

For Denver and the Panhandle. You'll want to go to Denver this summer. See the new ad. of the Fort Worth and Denver Road and write to Mr. Glisson, the General Passenger Agent, about it.

Dr. T. J. Bell, of Tyler, has been appointed by the Governor a member of the State Board of Medical Examiners, vice Dr. J. C. Jones, deceased. This is an excellent appointment and most worthily bestowed. It will give universal satisfaction to the members of the State Medical Association.

Dr. J. W. Talbot, Texarkana, Texas, will receive for treatment and give personal attention to cases of morphine, cocaine and chloral addiction.

Will Repair Your Electrical Machines.—Static and all electrical medical apparatus put in running order. I am also agent for electrical and X-ray apparatus. Oliver Brush, 710 Colorado Street, Austin, Texas.

New Orleans Polyclinic.—Seventeenth annual session opens

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for correcting Hyperacid conditions—local or systemic.
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TONIC AND RECONSTRUCTIVE.

WHEAT PHOSPHATES, WITH MURIATE OF QUININE AND STRYCHNINE.

PHILLIPS' WHEAT PHOSPHATES (ACID).
PHILLIPS' SYRUP OF WHEAT PHOSPHATES.
PHILLIPS' DIGESTIBLE COCOA.

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put the patient on Colden's Liquid Beef Tonic which can be associated with any specific medication that may be indicated. It revitalizes the appetite, digestion and nutrition. The patient will take nourishment with relish and avidity and it will stay down.

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November 2, 1903, and closes May 28, 1904. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information, address New Orleans Polyclinic, postoffice box 797, New Orleans, La.

"Croup kills" "Calcidin Saves Life." See Dr. Abbott's new ad. under "Contents," and write for trial box.

Dr. J. D. Beck, of Mason, died of Bright's disease at his home January 25th ult. He was a graduate of Tulane University, class of 1870. Dr. Beck was one of the most prominent and able physicians in his section of the State, and had lived in Mason twenty-five years.

Dr. Jno. C. Jones died at his home in Gonzales, Texas, January 21st ult. Dr. Jones was a graduate of the University of Edinburg, Scotland, class of 1860. He was a member of the State Board of Medical Examiners of Texas, and in 1885 was Vice President of the Texas State Medical Association. He was a distinguished Confederate surgeon, having been Hood's medical director during the Civil War. Dr. Jones was in his sixty-seventh year. He was a native of Alabama and came to Texas after the war.

For Sale.—Drug store and home of a deceased physician. Large practice for capable German physician in a large German neighborhood. Former doctor's cash practice amounted to over $3000 per annum. For particulars write to Judge S. R. Blake, Bellville, Austin County, Texas.

Pretty Christmas Party to Employes.—One of the pleasantest events of the holiday season in the drug circles was a buffet luncheon given on last Thursday by Fairchild Bros. & Foster to their employes. It was a complete surprise to the guests, who numbered about 140. A big table in the work room on the fourth floor at 74 Laight street fairly groaned with all the good things prepared by Maresi's chefs, and was decorated with potted plants presented to members of the firm by the members of the office staff.

B. T. Fairchild welcomed the guests to the "Christmas Party," as it was called, and E. W. Dusenberry responded, after which Messrs. S. W. Fairchild and M. G. Foster also spoke. There was music during and after the luncheon, which began at 12:30, and at

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Neutral Phosphite of Creosote

Clin's Capsules Each Capsule contains 20 cgr. of ***Phosphotal***

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three o'clock the annual presents in gold were distributed among the employes and the rest of the day was declared a holiday.

AT THE CLOSE OF DAY.

If I can say at close of day,
That I have had one kindly thought,
That I one kindly deed have wrought,
Or any kindly lesson taught
By spoken word;

If I have brought one gleam of light,
If I have changed one wrong to right,
If I one suffering cry tonight
In pity heard.

The day has not been spent in vain,
Though filled with grievous care and pain;
That thought, and word and deed remain
To bless my way, at close of day!

—*Emily H. Watson.*

Dr. H. W. Dudley, of Hillsboro, died in that city January 21st ult., aged 49. Dr. Dudley was a native of Kentucky and was a popular and well known member of the Texas State Medical Association. He had lived in Texas about twenty years.

George P. Hachenberg, M. D., New York University, 1851, died at his home near Austin, Texas, January 8, aged 80. Dr. Hachenberg was at one time a United States army surgeon. He is said to have been the originator of the telephone idea, and published some twenty-five years ago a magazine article on a "musical telegraph."

Death of Mrs. J. D. Osborne.—Mrs Julia Pitts Osborne, wife of Dr. J. D. Osborne, of Cleburne, Texas, and mother of Drs. E. B. Osborne and J. D. Osborne, Jr., died at her home January 17th ult. Mrs. Osborne was a public spirited and useful woman, a real philanthropist, whose good deeds will be long remembered and whose loss deplored by the people of Cleburne.

Victor Koechl & Co., the well known importers and sole licensees for the United States of the products of the Farbwerke vorm Meister Lucius & Bruning, and other famous German pharmacal houses, sends us an "acute poisoning chart," which they have

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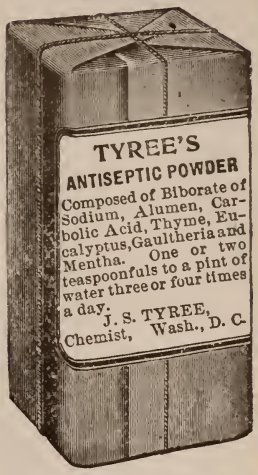
DOCTOR, this is pre-eminently the age of ANTISEPSIS, but the problem is how to secure that in a manner at once the most convenient and harmless, and at the same time accompanied by such an effect upon the tissues as to lead to rapid healing.

In TYREE'S ANTISEPTIC POWDER you will find a combination so skillfully made that it is destructive to pathogenic bacteria and yet bland and unirritating to the most delicate mucous membrane, and its application is accompanied by such a mild degree of stimulation and astringency as to promote the rapid healing of the tissues with which it comes into contact.

It has been used very successfully in Uterine and Vaginal Catarrh, Gonorrhea and Gleet, in Dysentery, in Catarrh of the Nose and Throat, and in Inflammation of the Mouth and Gums. Its great economy and convenience consists in the fact that you add the water yourself—paying for only the Antiseptic Powder. Thousands of physicians are making successful use of it every day. If you will only try it you will be quickly convinced of its great value.

Sample and a beautifully illustrated little booklet representing some rare Obstetrical and Gynecological specimens from the Army Medical Museum at Washington, sent free of charge upon application to



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recently gotten up. It will be found useful for reference by practicing physicians. A copy may be had for the asking, if the *Red Back* be mentioned.

Christian Science Diagnosis.—Christian Science Mother—Eleanor, what is the matter? Christian Science Child—Oh, mamma, I got a terrible error of the mind in my stomach.—*New York Life.*

A party of health officials went to Mexico February 1st inst., to inspect the sanitary condition of that country, with a view of getting the Mexican government to institute measures of prevention of yellow fever in future. This is in pursuance with an agreement that it is understood was entered into between the Mexican health officials and Surgeon General Wyman recently. The party consisted of Health Officers Taber of Texas, Saunders of Alabama, Purnell of Mississippi, Souchon, Nolte and Owens of Louisiana, Wurtenbaker of the United State Marine Hospital Service, and McKnight of Laredo. Mrs. Tabor accompanied the party.

Railroad and Sleeping Car Disinfection.—The date when the rules and regulations promulgated by State Health Officer Tabor (see Texas Medical Journal for January) will be enforced for carrying into effect the new Texas sanitary law, has been changed from February 11th (inst.), to March 31st, by request of certain railroad and Pullman officials.

The cost of the recent epidemic of yellow fever at Laredo, according to the report of State Health Officer, was $4012.19. Including this sum, the total amount expended along the Rio Grande on account of yellow fever (September, October, and November, 1903), was $6080.33.

If chemistry is the mathematics of medicine, then the proper use of serum is the most positive thing in therapeutics.

Roux, the eminent disciple of Pasteur, says: "Give not less than 2500 units of pure antitoxin." By pure antitoxin he means a serum that does not need an antiseptic to preserve it. The antitoxin made by Roux neither needs nor contains any preservative agent. The Pasteur methods of manufacturing antitoxin preclude the necessity for the admixture of any foreign agent like trikresol. Pure antitoxin is harmless. One can not give an overdose. Roux warns against giving an underdose. Based upon his vast

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Water does not irritate if Resinol Soap is used, and it is the only Soap that will give satisfaction in bathing eczematous and inflamed surfaces.

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clinical experience he thinks it almost criminal to temporize by giving a tentative dose. As 2500 units is the proper dose, the antitoxin made by Roux at the Pasteur Institute in Paris, France, is put up only in 10 c. c. vials of 2500 units. Roux recognizes but one standard. The same serum is supplied in a dry form that is perfectly soluble and that keeps for years without any deterioration.

Every doctor in Texas ought to have at least one tube on hand. "In time of peace prepare for war."

Society Notes.

State Medical Association of Texas.

San Antonio, Texas, January 20, 1904.

Dr. F. E. Daniel, Austin, Texas.

Dear Doctor: Will you please announce in your valued journal that Dr. J. T. Moore, of Galveston, Texas, has been appointed Secretary of the Medical Association of Texas, to fill the unexpired term of Dr. H. A. West, deceased?

Dr. J. T. Moore has resigned as councilor of the Ninth District; Dr. H. A. Decherd, of Galveston, has been appointed in his place. Dr. W. B. Russ, of San Antonio, Texas, has been appointed Chairman of the Board of Councilors; Dr. H. B. Decherd, Secretary of of the Board of Councilors.

Dr. Wm. Gammon, Galveston, Texas, has been appointed Chairman of the Section of Pathology, vice Thos. P. Lloyd removed from the State.

Yours truly,

F. Paschal,
President State Medical Association.

Bexar County Medical Society.

An unusually interesting meeting of the Bexar County Medical Society was held in San Antonio on the evening of January 7th. The newly elected president, Dr. W. B. Russ, presided. Major Charles F. Mason, U. S. A., read a paper on "The Role of Insects as Carriers of Infection," which was thoroughly enjoyed and much discussed. Dr. G. Graham Watts opened the discussion and was followed by Adolph Herff, E. Cross, F. Paschal, W. M. Wolf, T. J. Largen, B. F. Kingsley, Col. Jos. L. Girard and others. The society then unanimously adopted a resolution instructing the sec-

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Alkaloids and all Curative Principles of Cod Liver Oil
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Morrhuol Créosoté
Dispensed in Capsules, each containing 3 minims of Morrhuol and 1 minim of pure beechwood Creosote.

Apioline
The true, active principle of parsley.
In capsules of 20 centigrammes each.
For Suppressed, Irregular or Painful Menstruation.

Ferrum Sanguinis
Semi-Crystalline Hæmoglobin from blood.
Does not constipate.

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succeeds admirably in the treatment of furuncles, urticaria, acne and boils which promptly subside and disappear under its influence.

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retary to have 1000 copies of Dr. Mason's paper printed for general distribution.

Under the head of topics for impromptu discussion the subject, "The Treatment of Specific Endometritis," was announced, and Dr. F. E. Young was called upon to open the discussion. Following Dr. Young were Drs. E. Cross. Russell Caffery, E. M. Rabb, F. Paschal, A. Herff, J. Herff and B. F. Kingsley. The second topic was "The Value of Antitoxin in the Prevention and Treatment of Diphtheria." Dr. J. V. Spring led the discussion and he was followed by Dr. F. M. Hicks, T. E. Moore, R. Robinson, E. C. Clavin, A. O. Brown and T. T. Jackson.

The following committees were announced by the president:

Committee to Draft Resolutions of Respect to the Memory of the late Dr. H. A. West.—Drs. T. T. Jackson, A. Herff, G. G. Watts, J. H. Bell and H. D. Barnitz.

Committee to Arrange for a General Meeting of Representatives from all the Societies in the District.—Drs. J. S. Lankford, E. T. Hughes, C. M. Decker, E. Cross and S. T. Lowry.

Committee to Entertain the State and Federal Health Authorities, soon to visit San Antonio.—Drs. D. Berrey, J. S. Lankford, F. E. Young, F. Paschal and Charles F. Mason.

Committee to Investigate the Feasibility of Establishing a Medical Library in San Antonio.—Drs. M. J. Bliem, J. V. Spring and Robt. E. Moss

Committee to Secure a Supply of Antitoxin for the Benefit of Families too Poor to Purchase It.—Drs. W. L. Barker, T. E. Moore, D. Berrey, S. Burg and L. L. Shropshire.

The following new members were elected: Drs. R. L. Felts, U. S. A., R. L. Withers, G. de la Lama, G. W. Johnson and J. D. Bell. This places the membership at 88, and makes the Bexar County Medical Society the largest in the State.

There was a very large attendance.

J. H. Burleson, M. D.,
Secretary.

American International Congress on Tuberculosis.

To be held October 3, 4 and 5, 1904, under the auspices of the Universal Exposition, at St. Louis, 1904, and of the American Congress on Tuberculosis.

HONORARY PRESIDENTS.

Lay.—Hon. John Hay, Hon. Gen. Russell A. Alger, Hon. Ex-

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NUCLEIN: ($C_{29}H_{49}N_9P_3O_{22}$)
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Syrup Di-oleyl-lecithin

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Medical.—Prof. Dr. M. Benedikt, Dr. A. N. Bell, Prof. Dr. Chas. H. Hughes, Gen. Presley M. Rixey, M. D., Gen. Nicholas Senn, M. D.

Council.—Moritz Ellinger, Esq., Chairman; J. Mount Bleyer, M. D., New York City; A. P. Grinnell, M. D., Vermont; H. Edwin Lewis, M. D., Vermont; Richard J. Nunn, M. D., Georgia; W. F. Drewry, M. D., Virginia; M. K. Kassabian, M. D., Pennsylvania; J. W. P. Smithwick, M. D., North Carolina.

Officers.—President, E. J. Barrick, M. D., Toronto, Ontario; First Vice-President, F. E. Daniel, M. D., Austin, Texas; Second Vice-President, Ex-Chief Justice, L. Bradford Prince, Santa Fe, New Mexico; Third Vice-President, Dr. Charles K. Cole, Helena, Montana; Fourth Vice-President, Dr. Sofus F. Nelson, Pulman, Washington; Fifth Vice-President, Dr. A. M. Linn, Des Moines, Iowa; Secretary, Samuel Bell Thomas, 116 Nassau Street, New York; Treasurer, Clark Bell, 39 Broadway, New York.

New York, September 21, 1903.

To the Officers, Delegates and Members of the American Congress on Tuberculosis:

It affords the executive officers of the American Congress on Tuberculosis great pleasure to announce the reception of the following letter from the government of the United States, Department of State:

"Department of State,
Washington, August 29, 1903.

Clark Bell, Esq., Chairman of the Executive Committee of the American Congress on Tuberculosis, 39 Broadway, New York.

Sir: Referring to the correspondence which the department has recently had with you concerning the desire of the Committee on Organization of the proposed American Congress on Tuberculosis to be held at St. Louis, in October, 1904, to have this government give its support to the invitation which the committee has addressed to each American government to be represented at the congress, I enclose herewith a draft of an instruction to each diplomatic representative of the United States in the Western Hemisphere. The department will be pleased to consider any changes in, or additions to the draft, you may suggest. I am, sir,

Your obedient servant,
F. B. Loomis,
Assistant Secretary."

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Special Offer to Physicians

On application to us we will send you an order on the Live Oak Grocery Co., Dallas Texas, C. E. Monmand & Co., Fort Worth, Texas, or the nearest Grocers who carry our goods, for liberal samples for trial.

Farwell & Rhines
Watertown, N. Y.

LETTER OF INSTRUCTION TO CONSULS.

"DEPARTMENT OF STATE,
WASHINGTON, D. C.

SIR: The department is informed by Mr. Howard J. Rogers, Director of International Congresses of the Universal Exposition to be held in St. Louis in 1904, that the American Congress on Tuberculosis has been placed on its list of official congresses and that the dates for said congresses will be October 3, 4 and 5, 1904.

The department is also advised by Mr. Clark Bell, Chairman of the Committee of Organization of the Congress, that the Executive Committee and Officers of the Congress have sent to the government of each American country an invitation for official representation by that government, in the congress; and the request is made of the department to give such support to the invitation as it properly may.

The humanitarian object which this congress has in view to reach, by the discussion of scientific men, some result in arresting the spread and averting, so far as it may be found possible, the ravages of this dreadful disease which now falls with such terrible force and fatality upon the people of the Western Hemisphere, can not but enlist the sympathy and approval of the government to which you are accredited.

The department will, therefore, be pleased to have you say to that government that this government is in entire sympathy with the work of the proposed congress, and would be pleased to learn that the government of ———————— took a like interest in its success by the acceptance of the committee's invitation and the appointment of three or more scientific gentlemen to represent it at the congress.

This government would also be pleased if that of ———————— ——— could find it convenient to comply with the request of the

committee to give the matter publicity in order that it may come to the knowledge of interested organizations and public spirited citizens of that country. I am, Sir,

Your obedient servant,

Secretary of State."

This splendid expression of the sympathy of the government of the United States insures a cordial reception of our work in the nations of the Western Hemisphere. It evinces and illustrates the paternal policy of our government in aiding every effort for the protection of the health and the lives of our people when menaced from any form of disease that science has found to be communicable and preventible.

The above instructions were by the Department of State sent to Ambassador Choate. The instructions to France, Denmark and the Netherlands and in the same language; *mutatis mutantis.—Advanced Sheets Medico-Legal Journal, N. Y.*

Coleman County Medical Society.

At the last meeting of this society the following officers were elected: Dr. C. M. Alexander, President; Dr. J. D. McCann, Vice-President; Dr. T. M. Hays, Secretary and Treasurer; Dr. Newton Long, delegate to State convention. The Board of Censors is constituted of Drs. G. B. Beaumont, J. M. Mathews and C. M. Alexander.

Books and Magazines

STUDIES IN THE PSYCHOLOGY OF SEX. Analysis of the Sexual Impulse, Love and Pain; the Sexual Impulse in Women. By Havelock Ellis. 258 pages. Price, $2.00. Published by F. A. Davis Company, Philadelphia.

This work partakes of the character of an inquiry into the nature and cause of sexual impulse, and is based on elaborate investigations into the mode of life of past and contemporary savage races as a type of primitive man. It is only from a study of primitive sexual impulse that we can hope to gain accurate knowledge of perverted sexuality so frequently met in practice. The deeds of the "sadist" and the "rapist" form a dark shadow in the light of our boasted civilization, and their prophylaxis and cure are matters that should be close to every true physician's heart.

We have read the book with interest and profit ourselves, and can recommend it as a thoroughly scientific work. J. M. L.

Convalescence from Typhoid

BURNHAM'S CLAM BOUILLON.

In convalescence from typhoid, when the patient's strength is exhausted, his tissues wasted, and a relapse feared, if the digestive organs be not spared all unnecessary strain, the physician is often at a loss as to how to feed the patient.

BURNHAM'S CLAM BOUILLON

(Absolutely Free From Any Preservative)

offers an ideal tissue-building and stimulant food which places the least strain upon digestion. The fact that BURNHAM'S CLAM BOUILLON is sterilized and is partly predigested makes it especially fit for use in typhoid fever convalescence. Physicians who have prescribed it in such cases have found it not only highly nutritive but also most easily absorbed and most pleasant to the patient, whose long stage of milk diet makes him rejoice in anything so palatable as BURNHAM'S CLAM BOUILLON. The results are, grateful patients and rapid strides towards the restoration of vigor and health, without any fear of a relapse due to a dietetic error.

Physicians cannot make a mistake in prescribing BURNHAM'S CLAM BOUILLON in typhoid convalescence. An especially attractive feature about BURNHAM'S consists in the fact that it is bottled in glass, being sold in pints and half-pints. This assures not only cleanliness and convenience in the serving, but perfect purity and freshness while using in the sick room. All the leading apothecaries and grocers sell it.

E. S. BURNHAM & CO., Manufacturers and Packers, 53 to 61 Gansevoort St., New York.

The Practical Care of the Baby. By Theron Wendell Kilmer, M. D., Associate Professor of Diseases of Children in the New York School of Clinical Medicine; Assistant Physician to the Out-Patient Department of the Babies' Hospital, New York; Attending Physician to the Children's Department of the West Side German Dispensary, New York. 12mo. Pages xiv-158, with 68 illustrations. Extra cloth, $1.00 net, delivered. Philadelphia: F. A. Davis Company, 1914-16 Cherry Street, Publishers.

This little book will be of benefit to the mother, and doubtless will save many a baby, if its suggestions are heeded. The doctor, too, will learn a thing or two from it, for many doctors (tell it not in Gath) are somewhat deficient in baby lore and some in common, practical sense. It is worth a dollar, dead easy.

Lea's Series of Medical Epitomes. Wathen's Epitome of Histology. A Manual for Students and Physicians. By John R. Wathen, A. M., M. D., Professor of Surgery, etc., formerly Professor of Histology and Pathology, Kentucky School of Medicine, Louisville, Ky. 12mo, 220 pages, 114 illustrations. Cloth, $1.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1903.

This book contains a wealth of valuable information on the subject, and that, too, in a very practical form. The chapter on the technique of preparing and staining tissue is well worth the price of the book. J. M. L.

QUIZ-COMPENDS—GYNECOLOGY. By William H. Wells, M. D. Third revised edition, enlarged, with 145 illustrations. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia.

This the third edition has been completely revised up to date, and contains much new in the way of treatment especially. The sales of the former editions of this practical little work insures the reception of the present one. J. M. L.

Publisher's Department.

"For therapeutic efficiency in rapid resolution of the products of inflammation, Antiphlogistine is unexcelled."

For Mercurial Ptyalism.

℞ Tinct. Myrrhæ ..... ʒiii
Pot. Chlorat ..... ʒss
Hux-sal (antiseptic salt) ..... ʒii
Aquæ Distillatæ ..... ad ℥viii
Misce fiat solut.

Sig.: To be used as a mouth wash every two hours to check secretion and harden the gums.

Iritis.

In conjunction with local treatment.

℞ Kalo Iodid ..... ℥iii
Tongaline ..... ʒviii
M. et ft. sol.

Sig.: A teaspoonful four times daily.

De Backer, Brault and Tounier have used yeast hypodermically intermuscularly most successfully in diabetes, tuberculosis, malignant neoplasms and cancer and every day new applications for the display of its phagocytic properties are being discovered in Europe and there is every reason why this line of treatment should find imitators. Cerevisine (desiccated yeast cultures) acts on gonococci, staphylococci and all pathogenic organisms (Professor Doyen, of Paris), and claims for its remarkable action in such almost incurable diseases as psoriasis, are being continually reported. What the practitioner wants, however, is detailed clinical reports of cases, referring to its use in otorrhea, abdominal ulcer, ulcerative tonsilitis, ,gonorrheal vaginitis, etc.

The *Dietectic and Hygienic Gazette,* commenting upon the dietetic value of Iron, says: "Pathologists have given pointers as to

(*When you prescribe it you know what it is.*)

ANEDEMIN

A reliable remedy for the *rapid removal* and *permanent relief* of *local* and *general dropsical conditions* due to cardiac, renal or hepatic disease or inflammations of the peritoneum, pleurae or other serous cavities.

A Common Remedy for the Common Symptom, Dropsy.

A scientific combination of three of the more recently investigated members of the Digitalis series—Apocynum, Strophanthus, and Squill with Sambucus, forming a combination which, like *Digitalis*, improves the tone of the heart muscle and diminishes pulse frequency. *Unlike Digitalis* it produces vaso-motor dilitation, (rapid lymphathic elimination) purgation, efficient diuresis, is not cumulative and is non-toxic.

You Should Prescribe It.

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Because you can get more satisfactory results with Anedemin.
Because it is harmless and does not exhaust your patient.
Because it produces ideal conditions for the repair of organic lesions.

Advertised to physicians only. Ten days treatment sent any physician on application.

Manufactured and for sale by

THE RUTLEDGE CHEMICAL COMPANY,

Fort Worth, Texas, U. S. A.

(*When you administer it you know how it acts.*)

No physician can afford to be indifferent regarding the accurate filling of his prescription.

the special condition of the iron in the system and in the circulating medium, and the newer preparations aim to imitate that condition. Most of them have a brief day of fame and then drop out of sight for the reason that they lack some element of eligibility. Few are standing the test of time and the critical ordeal of the clinicians. Foremost among these it is safe to name Gude's Pepto-Mangan. It is probably the nearest approach to a physiologic reproduction yet devised. It deserves its universal popularity, and its manufacturers do well to restrict its sale to strictly ethical channels."

The Coca Plant.—Coca is the leaf of an Erythroxylon shrub indigeneous to equatorial America, employed during many hundreds of years, empirically, as a sustainer and restorer of muscular force.

There are several varieties of Cocoa, among which the aromatic or "sweet" leaf contains little if any cocaine, and is the only kind used by the natives. This is Classic Cocoa to which phenomenal properties are ascribed. The "bitter" leaf which they reject, is exclusively employed for cocaine extraction. Even since the popular introduction of cocaine, the natives will not use that alkaloid which creates excitement without sustaining muscular power. Thus it is shown, even empirically, that the properties of True Cocoa can not be substituted by cocaine. A fact upon which all observers agree, but which is not yet generally recognized.

Mariani, of Paris, was the first to introduce Cocoa in available form; he recognized nearly half a century ago the great difference in Cocoa leaves, and by a special blending of the sweet leaves, carefully treated in nutritious French wine, produced his unequaled neuro-muscular stimulant, which, as a trustworthy preparation, has won high standing in the profession abroad and in this country by all practitioners who have subjected it to test.

Dr. Colin Campbell, Southport, Eng., L. C. R. P., M. C. R. S., writes in the *Medical Press and Circular,* London, Eng., October 7, 1903: "*Pleurisy.*—Dr. B. was under my care last winter suffering from a pulmonary cavity. He had had previously two or three intercurrent attacks of pleurisy, which I again found present on December 7, 1902, accompanied by severe pain over the cavity, and a temperature of 103°. His previous attacks had occurred at his home, where careful poulticing was practicable, but in apartments this was unsatisfactory, and so it occurred to me to try Antiphlogistine. The material was warmed and "trowelled" on for many inches around the pleuritic centre, then covered with non-absorbent lint and Jaconet. The result was remarkable; the pain disappeared within an hour, and the high temperature within two days. Many advantages over poulticing were noticed by the patient; facility of application, no unendurable heat, rapid relief from pain, its adhesiveness rendered movement possible without tight bandaging or the alternative sudden influx of cold air which follows the separation of a poultice from the skin.

THE

TEXAS MEDICAL JOURNAL.

ESTABLISHED JULY, 1885.

PUBLISHED MONTHLY.—SUBSCRIPTION $1.00 A YEAR.

VOL. XIX. AUSTIN, MARCH, 1904. No. 9.

For Texas Medical Journal.

Tropical Abscess of the Liver.

PROFESSOR J. E. THOMPSON, M. D., GALVESTON, TEXAS.

During the past ten years my experience with tropical abscess of the liver has been sufficiently extensive to lead me to think that a discussion of the most interesting phases of this affection would be instructive.

As to the etiology, in a large portion of cases there was no history of dysentery; but in others no history could be obtained, and, further, a careful examination of the stools failed to reveal any trace of amœbæ. In two cases of amœbic abscess that ended fatally the autopsy revealed no evidence of ulceration either in the colon or the small intestine. In the rest of the autopsies the colon showed lesions, in some extensive recent ulcerations, in others ulcerated patches and healed scars. Dysentery present in between 50 to 60 per cent. of all cases. McLeod found it in thirty-nine out of forty cases of hepatic abscess.

The bacteriological examination of the pus varied greatly. Many of the abscess cavities were absolutely sterile, as shown by cultivations made in agar, blood serum, and bouillon, taken at ordinary temperatures and in the presence of air. In one case an anaerobic bacillus was found very similar in appearance to the "bacillus anaerobicus capsulatus of Welch." This sterility as regards the ordinary pyogenic organisms is interesting, and probably explains the absence of serious symptoms after aspirating with large needles. The escape of a small quantity of pus from such a puncture of the liver can hardly be avoided, particularly when the abscess is near the surface, and if the pus were infected peritonitis would probably result. The sterility of these cavities as regards putrefactive and

other organism also points to the necessity for great care in treatment. I have seen operations on large hepatic abscesses, which were conducted with the best aseptic surroundings, followed by a normal temperature for one or two weeks. Afterwards, in spite of most efficient drainage, the temperature would rise and become hectic in its type, owing to infection spreading along the track of the drainage tube. Examination would then show the pus full of both putrefactive and pyogenic organisms.

The *symptoms* of hepatic abscess are sometimes so definite that a diagnosis is often made in a few minutes. Such a group of symptoms as the following would be absolutely conclusive of a positive diagnosis: "A history of dysentery, general feeling of malaise, elevated temperature, yellow sallow appearance of the skin, at times approaching to jaundice, pain in the hepatic region or over the shoulder blade, or at the point of acromion, or in all three places, enlargement of the liver either upwards or downwards, or in both directions, tenderness over the hepatic region, bulging of the intercostal spaces, œdema over the lower costal zone, and irritating spasmodic cough.

It is rarely that one finds all these symptoms present together in the same case, but in quite a considerable number of cases that are in the advanced stages the greater number of the above quoted symptoms will be present. It will be well to discuss these symptoms seriatim.

History of dysentery. In a large proportion of cases this is found, but, in quite a considerable number, as previously stated, no evidence, either ante or post mortem, can be discovered. Great stress must be laid on a positive finding of mucus and blood in the stools, especially if amœbæ are present in the mucus, but a negative finding is of little value.

General feeling of malaise. This is often present weeks and months before definite positive symptoms show themselves. If the patient is under careful observation during this period, a febrile temperature curve will almost always be found. A careful blood examination will show a slight degree of leucocytosis, diminution of red blood corpuscles, and decrease in quantity of hemoglobin.

It is during this period that the patient begins to show the *yellow sallow appearance* due to anemia, and in malarial districts the cases are almost invariably diagnosed as cases of malaria. True jaundice, however, occurs in a few cases, and is rarely very intense. A careful blood examination for the malarial parasite would enable this mistake to be avoided. Quite a number of cases have come under my care from the malarial districts of the State, with a clear

history of two or three months treatment for malaria, where no suspicion of an abscess of the liver ever crossed the mind of the attendant. Manson states that it is probably present in from 50 to 60 per cent. of all cases. McLeod found it present in thirty-nine out of forty cases of hepatic abscess, and as this one recovered, it might have been present in this.

Elevated temperature. This is probably the most deceptive symptom. In some cases at the inception of the disease the temperature curve is irregular. It is rarely higher than 101 degrees, and for days at times it may fail to reach a higher point than 99 or 99.5 degrees. It is rarely absent in the evenings. In some cases the febrile symptoms seem to be absent for some days, returning later in paroxysms resembling malaria. It is very probable that careful examination will demonstrate that cases, associated with afebrile intervals, are much rarer than is supposed. Personally, I have never seen an afebrile case. The most usual curve is remittent, the temperature varying between 101 and 103 degrees in the evening and 99 and 100 degrees in the morning.

The cause for the fever in sterile abscess must be sought for partly in altered metabolism and partly in absorption of degenerated liver tissue.

Pain. This is best considered in three distinct situations.

1. *In the region of the liver.* In the majority of cases pain is present in this situation during the course of the disease. Sometimes it may be the prominent symptom and may be constantly present in the initial stages, but later it may give place to pain in the other situations. It is usually of a dull aching character, and is constantly present. In the later stages it may be of a sharp stabbing nature, and is produced by a localized inflammation of the peritoneal surface of the liver over the pointing abscess. Tenderness over the hepatic region is usually not very pronounced, but in some few cases it may be very marked. I have seen one case where moderate pressure on all the intercostal spaces over the right lobe of the liver produced intense pain.

2. *Over the shoulder blade* pain is also common. It is in its character very similar to the pain produced by simple hepatic congestion, that is common in individuals who are the subjects of so-called "sluggish liver." One of my latest cases, with an abscess in the right lobe, showed this symptom on the right side, unassociated with any pain over the hepatic region.

3. *At the point of the acromion.* This symptom when present is very characteristic. It is situated at the very point of the shoulder, and is of a dull agonizing nature. I have found it present on

the right side in abscess of the right lobe and vice versa. I have also found this symptom very marked in a case of peri-hepatic abscess following appendicitis. In this case the abscess first formed around the right lobe and pain was then felt at the tip of the right shoulder. Later it developed around the left lobe, and then pain was pronounced at the point of the left shoulder, and was the means of enabling us to diagnose the position of the pus focus.

In this connection I remember allowing this symptom to slip me in one of my earliest cases. The patient, a man of 45, came under my care with the following symptoms: Fever of a remittent type, epigastric tenderness, constant vomiting, progressive emaciation, and marked pain at the point of the left shoulder. The symptoms had been present about four months, and had gradually increased in severity. I did not suspect hepatic abscess, but rather favored the idea that we had to deal with a carcinoma of the stomach; particularly as an examination of the gastric contents showed an absence of hydrochloric acid. An exploratory operation was decided upon. The stomach was found healthy, and there was no evidence of disease in either right or left lobe of the liver, although I must admit that my examination of the left lobe was not as complete as it ought to have been. The patient lived four days only. During his time, from careful analysis of the symptoms, and owing chiefly to the severity of the pain in the tip of the left shoulder, I became imbued with the idea that I had overlooked an abscess in the left lobe. I obtained an autopsy and found an abscess cavity in the left lobe as large as a tangerine orange.

Since that time I have found the symptom invaluable. When present and accompanied by febrile symptoms and signs of hepatic enlargement it is quite conclusive.

Enlargement of the liver. This may occur either upwards or downwards or in both directions. Slight enlargements upwards are very difficult to detect. Marked enlargements temporarily obliterate the lower portion of the pleural space and push the lower edge of the lung upwards. It is usually easy to diagnose between the pushing of the diaphragm upwards by an enlarged liver, and a collection of fluid in the pleural cavity. If the patient lies on the left side the liver and diaphragm will drop away from the affected side and the lung will follow to a lower level. In cases of effusion into the pleural cavity, the level of the dullness will remain fixed. Contrary to what is usually believed in marked enlargement of the right lobe of the liver upwards "Litten's sign" is absent. Enlargement downwards is usually easy of diagnosis, but where the enlargement occupies the posterior edge of the liver,

it may become marked before it is detected. One of my cases with marked ascites (the only one I have met with ascitic fluid in the abdominal cavity), showed most of the symptoms except hepatic enlargement. After evacuation of the ascitic fluid, I found the under surface of the liver roughened and tuberculated. There was a marked bulging of the posterior part of the lower surface. I found this corresponded to the Spigelian lobe and the adjacent part of the liver. An opening was made through the gastro-hepatic omentum, and, after careful gauzing, the abscess was evacuated.

Bulging of the intercostal spaces is a very valuable sign if associated with other symptoms. Its cause must be carefully analyzed, for it may be caused by pleural effusions. If due to hepatic abscess, the lower portion of the pleural cavity is invariably obliterated and the pus is quite near the surface.

Œdema over the lower costal zone is probably one of the most valuable signs for localization. It is almost invariably placed over the most superficial part of the abscess cavity. It is the place we always choose for the insertion of the exploring needle. The spots of œdema are not large as a rule. They are about the size of a penny.

Irritating Spasmodic Cough.—This is only of value if associated with other symptoms. It is usually evidence of diaphragmatic involvement, although I have seen it marked in cases where the diaphragm was intact. In cases where the abscess is passing through the diaphragm into pleural cavity or into adherent lung, it is a prominent symptom, and precedes by weeks or months the final bursting of the abscess into a bronchus.

I have seen the same sign in a "left pyo nephrosis," due to renal calculi; and this possibility must always be considered in making a differential diagnosis.

Ocular demonstration of hepatic pus must, however, be the chief link in the evidence. Until we actually see the pus we can not definitely say that we have a hepatic abscess; and no operation should be attempted until the position of the abscess cavity is definitely fixed. Of course, a careful blood examination is of great value. Leucocytosis is invariably present, and the iodine reaction is very reliable.

The method of aspiration is very important. If carelessly conducted, or if a defective aspirator is used, failure may attend the effort, even though the abscess cavity be penetrated. A perfect syringe and a needle must be used. The moment the needle penetrates the skin a vacuum must be made, and the needle slowly

pushed on. It is usually bad practice to use a long piece of rubber tubing between the needle and the barrel of the syringe, because, in small abscesses, the pus may not be sufficient in quantity to fill up the tubing, and so may escape detection until the needle is withdrawn. Slow penetration is necessary, because, if we pass too rapidly across a small abscess cavity or a recess of a large one, the amount of pus drawn through the needle may not be enough to show itself in the barrel of the syringe. I would recommend a careful examination of the contents of the needle after each puncture. At times a drop of pus will reward us, and another careful puncture in the same direction will strike the cavity. The number of punctures varies. I have made as many as six at one sitting. It is rather a painful procedure, and exhausts the patient seriously. It is also not free from danger. Bleeding from the liver often results, and I have seen quite an accumulation of blood in the abdominal cavity after diagnostic puncture. There is one case on record of fatal hemorrhage after aspiration.

It would probably be good practice to be ready to proceed with the operation as soon as aspiration revealed the presence of a pus collection, instead of waiting and running the risk of the leaking of pus into the peritoneal cavity. The character of the pus varies somewhat. It is usually described as chocolate colored, tomato soup colored, or the color of anchovy sauce. The consistence is usually very thick, but it varies much. In the fluid one can usually find portions of necrotic liver tissue (so-called liver stalactites). These, if floated out in water, are seen to consist of three or four liver lobules, with the branches of the portal vein, hepatic artery and bile ducts between them. Mixed with this one often finds flakes and masses consisting of true pus collections. Occasionally we find little or no tomato soup pus, but the whole collection consists of white, curdy, flaky material. Microscopically we find fatty degenerated liver cells in great quantities, numerous fatty granules, amorphous bodies, and even crystals, but very few true pus cells. If amœbæ are present they may show great motility. In cases that contain much curdy or white flaky matter, we usually find pyogenic or putrefactive organisms; and in some specimens bacteria and bacilli can be demonstrated.

The course of hepatic abscess, if left untouched, is usually unfavorable. Some cases are on record where the abscess has pointed externally or into some abdominal viscus (intestine or stomach) or into a bronchus, and recovery has followed; but these cases are very rare.

As a rule, long before this stage is reached, the liver has suf-

fered so severely, and such a quantity of liver substance has been destroyed, that a fatal issue results from the altered metabolism of the body. Personally, I have never seen a case recover that opened spontaneously into a bronchus; although, by some writers, it is considered a favorable termination. I have seen two cases that came under my care coughing and expectorating typical hepatic pus, the result of the bursting of a liver abscess into the right lung. The patients were both very sick, and the expectoration varied in amount from time to time. Sometimes for forty-eight hours expectoration would cease, and the patient would complain of high fever and pain in the right hepatic region. This retention would then be followed by a profuse flow. One case I aspirated, but could not find the pus collection. Afterwards, at his earnest request, I attempted by operation to find the abscess cavity and drain from below. I failed signally to find it. The case lived for about six months and died from exhaustion. No autopsy was allowed. The second case I refused to explore, as aspiration failed to demonstrate a cavity. He lived for about eight months. Two other cases of similar nature have been under my care. They deserve a short description.

Case 1. W. W., aged 52. Had suffered from dysentery for almost two years. He came under my care in December, 1899, suffering from severe cough and expectorating great quantities of tomato soup material. This had been present for about two months and had occurred suddenly after a very prolonged and severe sickness, during which he had suffered from intense pain in the hepatic region with fever and great weakness. Examination of the chest revealed a bulging of the right lower costal zone, swelling and œdema of the parts, and in the axillary line covering the sixth, seventh, eighth, and ninth ribs, a large fluctuating abscess cavity. The liver was not apparently enlarged downwards. Dulness was present over the lower half of the right lung, and moist crepitant râles could be heard everywhere. A diagnosis was made of hepatic abscess, opening into a bronchus and penetrating the intercostal spaces.

Operation.—Under chloroform the subcutaneous abscess was evacuated. It contained chocolate-colored pus of a dreadful odor. Parts of two ribs were black and necrotic, and a hole passed between the ribs into the lower portion of the pleural cavity. This contained about a quart of stinking pus. It was evacuated, and the cavity washed out, and the soft tissues fastened around it with a purse-string suture. After this time the pus leaked alongside the tube. It was then thought advisable to remove the necrotic

ribs and pack the large cavity with gauze. This was done, and a huge cavity was found large enough to hold two fists. An opening was seen through the diaphragm leading into a ragged cavity in the liver as large as an orange. A ragged hole led into the right lung, which was partly destroyed and formed part of the wall of the abscess cavity. It was one of the most horrible chasms I have ever seen. Each day it was carefully irrigated and packed with iodoform gauze. It held admost two yards of gauze. No pus was coughed up, but the patient was too exhausted to recover. As is often observed in these cases, no attempt at repair was seen, and he died in two weeks.

Case 2. Max S., aged 42. Came under my care in September, 1899, with symptoms pointing to an abscess in the right lobe of the liver. He was suffering from the following symptoms: Remittent temperature; marked anæmia, blood examination showed slight leucocytosis, but no malarial organisms. Pain marked in the right lobe and at the point of the right shoulder. Liver enlarged considerably upwards but not downwards. He had been treated since July for malaria without result. Aspiration in the sixth right interspace in the anterior axillary line demonstrated typical hepatic pus at the depth of about three and one-half inches. Operation was performed under chloroform. About three inches of the sixth rib were removed without opening the pleural cavity. Then the pleura was incised. An immediate rush of air into the pleural cavity resulted, and the patient became deeply cyanosed. The diaphragm was seized with two pairs of catch forceps and lifted up to the wound, which it effectually plugged. It was then sutured with catgut to the edges of the opening in the parietal pleura, thus shutting off the pleural cavity completely. The diaphragm was then incised in the direction of the original wound. The liver was found adherent to the diaphragm. A rectal trochar was now passed into the liver and pus evacuated. Along the trochar a narrow-bladed knife was passed into the abscess cavity, along this a large director and along this a large sized glass tube sheathed with rubber tubing. The patient left the operating table in fair condition. For about two weeks syphon drainage was used and the patient's condition improved greatly. The temperature dropped almost to normal and his appetite greatly improved. Then the temperature became elevated again, appetite became capricious, and he suffered intensely from pain in the point of the right shoulder (a sign that is invariably present when drainage is poor). An anæsthetic was given again, and after some difficulty the tube was reinserted and drainage estab-

lished again. Improvement occurred for a time, but soon the patient again became worse in spite of good drainage.

He remained in a stationary condition for about a month, pain being present almost all the time in the shoulder, sometimes so intense that opiates had to be given for its relief. A slight cough developed. Suddenly, without any warning, on December 3d, he coughed up about half a pint of hepatic pus. From this time on he gradually sank. In January signs of extreme malnutrition showed themselves. The wound failed to show any signs of healing. The soft tissues around became boggy and œdematous, then purple, circulation became sluggish, and eventually gangrene occurred.

In about three weeks' time portions of the fifth, sixth, and seventh ribs had become necrotic, and the intercostal structures had disappeared entirely. A cavity was exposed, the walls of which were formed by a ragged necrotic mass of lung, diaphragm and liver.

The odor was horrible. Expectoration of pus had almost ceased, but there was still a profuse discharge from the wound. The patient gradually died from exhaustion. No autopsy was allowed. There was no reason to believe that the abscess cavity was insufficiently drained after the second operation, but it is quite probable that a second abscess was present, which eventually penetrated the diaphragm and opened into a bronchus.

The results of cases submitted to operation is also a great lottery. I have many times seen death from exhaustion result even in well drained abscess cavities, when a large amount of liver substance has been destroyed by the disease. Just how much liver tissue is necessary to carry on the vital functions is not known. Occasionally, in very large abscess cavities, where apparently more than a quarter of the liver has been lost, recovery results; while in comparatively small ones, where the condition appears favorable, a fatal issue will follow. In all probability the favorable or unfavorable termination depends entirely on the amount of liver substance destroyed, and that, too, in cases otherwise unattended by septic complications. From this one can draw the logical conclusion that early evacuation of the abscess cavities is attended by the smallest mortality.

My own mortality has been 47 per cent. But some of the cases that recovered from the hepatic abscess succumbed within a year or two to other diseases. I lost one from tuberculosis of the lungs, and another from a continuance of the original dysentery. All the death occurred from very large abscesses that had been neglected.

The course of some of these serious cases after the abscess has been evacuated is very curious. For a long period, sometimes a month, the patient seems to improve a little, or at the least to hold his own; his appetite is often enormous and he enjoys everything he eats. I have known a patient eat a dozen eggs a day, besides large quantities of chicken broth and tea, and their capacity for milk punches is positively astounding. The food is apparently well digested and the bowels move regularly and well, but the digested products are not further elaborated by the still healthy liver, and consequently the patient does not gain strength. After a time the patient begins to take the downhill course, bedsores appear, the wound become unhealthy, and death results.

Treatment.—There is only one treatment, and that is *evacuation.* This may be accomplished in the following ways: (1) Aspiration. (2) Tapping with a large trochar and cannula, followed by permanent drainage through the cannula. (3) Incision through the parietes and exposure of the liver, followed by evacuation of the abscess cavity.

Aspiration.—Nowadays, except for purpose of diagnosis, this is never employed. It is doubtful if a cure of a true hepatic abscess was ever obtained by this method.

2. *Permanent Drainage by Means of Cannula.*—This has been employed with success in many cases. It is, however, only safe in those abscesses that are more or less adherent to the parietes and where the peritoneal and pleural cavities are obliterated. After about forty-eight hours has elapsed, leaking occurs alongside the cannula, and there is danger of infection. I have found it of great value in draining deeply-seated abscesses after incision of the parietes, exposure of the liver and careful gauze packing around the proposed puncture. It is a very rapid and sure method, and if a large cannula is used (personally I use an Emmett's ovariotomy trochar and cannula), a piece of thick rubber tubing may be passed through it into the abscess cavity and the cannula immediately withdrawn, leaving the tubing in situ. In a few minutes the liver will contract on the tubing and drainage will be perfect without leaking, at least for forty-eight hours, when adhesions will have formed between the parietes and the abdominal contents.

One very ingenious way of using the cannula has been described by Manson. Through the cannula lying in the abscess cavity, a length of rubber drainage tube stretched longitudinally on a long director, is passed. When the end reaches the bottom of the abscess cavity the cannula is removed, leaving the tubing in the track of the cannula. Then the director is detached, care being

taken to keep the deep end in contact with the deep wall of the abscess cavity. The rubber tubing immediately regains its original diameter and fills the tunnel through the liver substance, completely preventing any leaking of pus. The director is then withdrawn. (Lately Cantlie, *British Medical Journal*), February 22, 1902, has reported twenty-four recoveries out of twenty-eight cases operated on by this method.)

3. *Open Operation Through the Parietes.*—These operations are best described according to whether the incision is through the abdominal or thoracic walls.

(*a*) *Through the Abdominal Wall.*—The incision through the parietes is made over the position of the pus collection in the case of abscesses in the right lobe. In those occupying the left lobe it had best be made in the median line or through the fibres of the left rectus muscle. If the liver is adherent the operation resolves itself in a simple opening of an abscess cavity. If no adhesions exist we can proceed in one or two ways. First. Surround the point of puncture with gauze packing and evacuate the pus immediately with trochar and cannula or simple incision, as seems best; or, secondly, secure adhesions before evacuation by careful suture of the liver to the parietal peritoneum. This is rather difficult to accomplish, and unless done carefully the respiratory movements will tear the stitches out of the friable liver substance. It can be accomplished in the following way: Carefully separate the peritoneum from the parietes around the incision, until you have a curtain of movable membrane two inches long. Then carefully elevate a similar ring flap from the liver around the site of the proposed puncture (this is impossible in some cases, but in others I have easily accomplished it). Then suture the parietal and visceral flaps of peritoneum together, thus shutting off the peritoneal cavity completely. The object of the flap is to allow for the respiratory movements. After adhesions have been secured the evacuation of the abscess cavity may be immediately proceeded with, and the wound may be packed for forty-eight hours before evacuation of the abscess.

When the flaps are long enough there is absolutely no danger of tearing. In one case of very large abscess in the right lobe, where I succeeded in uniting liver and parietal peritoneum very successfully, I drained immediately with a large cannula. The following day the patient withdrew the cannula and walked about his bedroom. I replaced it again with some difficulty, and fully expected serious consequences, but the case proceeded to recovery without an unfavorable symptom.

(*b*) *Through the Thoracic Wall.*—In conducting operations by this route the most important point is to determine the level of the lower edge of the lung and the condition of the lower part of the pleural cavity. If the liver dullness is much elevated, the chances are that the lung is pushed upwards, and that its lower edge does not descend into the lower part of the pleural cavity. By turning the patient on his left side the upper level of the liver dullness will always descend a little (unless adhesions are present), and if in this position we find in deep inspiration that the lower part of the chest wall is not at all resonant, we may assume that the diaphragm and parietes are in contact at this spot. The best plan to pursue is to assume that no adhesions are present. The best place to operate is at the lower part of the chest in the mid-axillary line. This spot, however, can not always be used because aspiration here will not always demonstrate pus. It should, however, be a rule to aspirate first as near as possible to the lower reflection of the pleura rather than higher up, because operation being always conducted along the track of aspirating needle, fewer difficulties are encountered in this locality.

Practically the only dangers in the trans-pleural operation are the following: (1) Entrance of air into the pleural cavity and collapse of the lung. (2) Septic infection of the pleural cavity. (3) Septic infection of the peritoneal cavity. We can avoid these by the following technique: An incision from three to four inches long is made along one of the ribs nearest to the aspiration puncture that found pus. The rib is exposed and a length is resected subperiostially, care being taken not to wound the parietal pleura. As soon as the bleeding has been stopped the parietal pleura is incised and the diaphragm exposed. If perchance (as in one of cases described previously) air enters the pleural cavity, the diaphragm should be seized with forceps and lifted up into the wound as a plug. The margins of the parietal pleura are now carefully stitched to the diaphragm, so shutting off the pleural cavity. If, as is usually the case, the liver is considerably enlarged upwards and the costal and diaphragmatic levers of the pleura are in contact, no air will enter into the pleural cavity. (I have only seen it do so once in the case above quoted.) Then an incision should be made into the diaphragm parallel to the original wound and the diaphragm split, a flap being thrown to either side. The edges of the diaphragmatic flaps should be united to those of the costal pleura.

Then the rest of the diaphragm is divided and the pritoneal cavity opened. The liver now comes into view, and on its sur-

face the puncture of the aspirating needle will be seen. A flap of peritoneum is now raised up from the liver. This will necessitate the inclusion of some superficial liver tissue in the flap. This part of the operation is often tedious and attended with a fair amount of oozing. At times it is impracticable, on account of the friability of the liver tissue or the close proximity of the pus, in which event gauze packing should be carefully placed around the site of the proposed puncture between the upper surface of the liver and diaphragm. The evacuation of the pus should be conducted as previously described, preferably by a large trochar and cannula, the cannula being withdrawn over a large rubber tube which is left in situ.

This operation is ideal and fulfills every indication. Whether Manson's operation is superior can not yet be settled. In very extreme cases in which it is inadvisible to submit the patient to a moderately prolonged anæsthesia, it would probably be better to employ Manson's method, but in the others I feel sure that this method is much superior.

Of course, there are some cases where the pus is so near the surface that the pleural cavity is obliterated, the diaphragm is unrecognizable and the liver is adherent to the diaphragm. Here the operation is easy, and is simply a dissection until liver substance is recognized when the abscess is drained.

In abscesses occupying the left lobe of the liver, to secure adhesions before evacuation of the cavity is impossible. Here we are forced to use a gauze dam inside which the abscess is evacuated. In these cases slow evacuation is always desirable to prevent undue soiling of the gauze. By the use of the large trochar and cannula this can be accomplished perfectly.

The after treatment requires great care. The tube becomes blocked up constantly with plugs of degenerated liver tissue. The best way of securing good drainage is by Cathcart's hydrostatic pump, using a Y glass tube instead of a T. The exit tube can often be emptied by milking it. At times a plug of liver tissue can not pass, and the tube remains blocked for a few hours. By reversing the milking process the plug can often be forced back into the abscess cavity, allowing the thinner material to flow again.

Another troublesome feature is the tendency of the liver to shrink considerably. This shrinkage pulls the wound in the liver away from that in the parietes, and unless great care is taken daily to push the tube to the bottom of the abscess cavity the tube may gradually slide out of it. This accident occurs much more fre-

quently in downward than in upward enlargement of the liver. It requires immediate rectification, otherwise the track may heal up and another operation become necessary. Flushing of the cavities is rarely necessary. In fact, it is probable that it conduces to the very danger we wish to avoid, viz., infection of the abscess cavity with pyogenic organisms before the walls are able to resist the infection. I would make one exception to this. In abscess cavities that contain white flaky pus and but little chocolate-colored material, the walls of the abscess cavity consist of hard tuberculated chronically inflamed liver tissue. These cavities can be completely evacuated through a large opening and the walls cleaned, after which the cavity can be packed with iodoform gauze. My experience has been that these cases are very favorable, and a speedy recovery occurs, whereas, in the abscess containing chocolate-colored material exclusively, the walls consist of soft friable velvety slimy material consisting of necrotic liver tissue, which gradually passes into healthy liver. No amount of cleaning will take this away at the time of operation. It comes away gradually along the drainage tube, being thrown off as sloughs are separated in other parts of the body.

The exact thickness of this necrotic layer can seldom be estimated. I have seen one liver at an autopsy where it was fully two inches thick.

Sometimes the necrotic process does not terminate with the evacuation of the cavity. In these cases the bad symptoms continue and the patients slowly succumb.

The possibility of a second abscess must always be considered. Where, in spite of good drainage of the original abscess, bad symptoms continue, such a condition is probable, and further aspiration should be resorted to. Such a case was under my care in April, 1903. A negro was admitted to the hospital with a large abscess in the right lobe of the liver. The liver was enormously enlarged in a downward direction. The lower edge reached fully a hand's breadth below the rib margin. It moved freely with respiration, and there was no friction sound to be heard. There was a clear history of dysentery and amœbæ in large quantities were discovered in the stools. The temperature was remittent. The highest point was reached in the evening and varied between 103° and 104°. The lowest was in the morning and rarely fell lower than 100°. He was greatly emaciated and complained of severe pain over the liver.

Over the most prominent point of the swelling in the semilunar line, about one and one-half inches below the costal margin, a sensation of fluctation was elicited.

An incision was made through the abdominal wall at the outer edge of the rectus muscle, and the peritoneal cavity opened. A roughened tuberculated liver presented. A peritoneal flap was dissected from the parietes, but an attempt to dissect one from the liver failed. Gauze packing was placed in position and the abscess cavity evacuated through a large cannula. Rubber tubing was passed along the cannula which was then withdrawn. The abscess was a very large one, and contained fully a quart of chocolate-colored pus, which was full of very active amœbæ. Otherwise it was sterile.

The patient progressed very favorably for about two weeks. Then the temperature began to rise and the pain to return. Examination showed that the shrinkage of the liver had dragged it away from the tube, which no longer lay in the abscess cavity. Under anæsthesia it was replaced and the examining finger found that the abscess cavity was replaced to one-fifth of its original size. Still the fever rose. Two weeks later a second large abscess was found by the side of the first, and apparently not connected with it. The contents were evacuated and the patient's condition began to improve. He is still under treatment at time of writing.

Society Notes.

Smith County Medical Society.

The Smith County Medical Society met at the county court house in Tyler, Tuesday, February 9th, at 1:30 p. m., President Dr. Irvin Pope in the chair. The minutes of preceding meeting were read and approved.

Dr. Albert Woldert, of Tyler, read a paper entitled "The Importance of a Proper Diagnosis in the Treatment of Diseases of the Stomach."

Dr. W. S. Lacy, of Troupe, read a paper entitled "Malarial Hemoglobinuria." As to the treatment of this condition, he does not use quinine, and has not done so for years. He now resorts to diuretics, such as sweet spirits of nitre and acetate of potash. For the sick stomach he prefers to use applications of ice.

Dr. J. D. Phillips, of Tyler, always uses quinine. He makes it a custom to always give quinine to pernicious cases of malarial fever whether they suffer from hemoglobinuria or not. He be-

lieves that the first indication to be met in these cases is to control the paroxysms, and further to control the hemorrhage by the use of hemostatics, such as gallic acid, ergot and adrenalin chloride. He also uses diuretics.

In one case to which adrenalin had been given, and in which the hemorrhage had ceased, he subsequently gave quinine, but without the return of the hemoglobinuria. In the treatment of hemoglobinuria he could point to 90 per cent recoveries.

Dr. T. J. Bell, of Tyler, had never lost a case of malarial hemoglobinuria. He believed that if the disease was of malarial origin, and that if quinine was an antidote to malarial fever, then quinine should be given to these cases. In the treatment of this condition he believes it best to keep the stomach at rest, and hence prefers to give quinine hypodermically. As a diuretic he prefers to give calomel.

Dr. Albert Woldert, of Tyler, gave a short review of the history of this condition, and of the different views entertained by foreign investigators, especially to that of Koch, who maintained that the condition was brought on by the administration of quinine, and to that of Marchiafava and Bignami that it was due to a ferment in the blood, causing a rapid hemolysis, with consequent excretion in the urine.

Personally he had studied six cases of malarial hemoglobinuria, but had not had the opportunity of making a microscopic examination of the blood in all these cases. But of three cases, in which a protracted search had been made for malarial parasites, these protozoe had been found in two of these cases. In four of these cases, in which a careful examination of the urine had been made, granular casts and red-blood corpuscles had been found in three of them, while in one case neither was found. As to the question of the cause of hemoglobinuria occurring during the course of malarial fever, he pointed to the fact that the Cotton Belt Hospital, of Tyler, during the past sixteen years, had given to its patients many of whom (55 per cent) suffered from malarial fever) over 100 pounds of quinine without having ever produced a single case of hemoglobinuria.

The Board of Censors of the society then made a report of the eligibility to practice of every physician in Smith county, Texas, which was referred to the Committee on Public Health and Legislation. The society then adjourned to meet in Tyler the second Tuesday in March at 1:30 p. m.

A. Woldert, Secretary.

Texas State Medical Association to Meet in Austin April 26, 27, 28 and 29, 1904.

GALVESTON, TEXAS, February 19, 1904.

To the Chairmen and Secretaries of Sections:

As Chairman or Secretary of a Section to present papers to the Texas State Medical Association, I wish to call your attention to Section 4, Chapter 3, page 5, and also to Section 5 of the same Chapter of the Constitution and By-Laws for the State Society.

This provides that papers shall be read within twenty minutes. This will be strictly adhered to, and papers that require more time than this should be read in synopsis. Please urge all persons presenting papers to do this.

Advise all persons presenting papers to have them clearly typewritten, on one side of the paper, and ready to hand to the Secretary as soon as it is read.

Everything points to a large and enthusiastic meeting, and we desire to make the papers the best in the history of the Association.

All titles for papers must be in my hands not later than April 1st. I am,

Fraternally yours,

JNO. T. MOORE,

Secretary Texas State Medical Association.

GALVESTON, TEXAS, February 19, 1904.

To the Councilors, Texas State Medical Association:

I take this opportunity of calling your attention to the necessity of completing the organization work at as early a date as possible.

You, no doubt, know that unorganized counties have no representation in the State Society, and it is greatly desired that we have a representative from every county that has physicians enough to organize. I might say further that physicians in these unorganized counties can not take part in the meeting or discussion of the State Society. This would work a great hardship upon the men residing in such counties.

The State Constitution and By-Laws provides that the component county societies in each district (Councilor District) be organized in a District Society, and that the Vice-Presidents of the State Society are to be selected from the Presidents of the District Societies.

I would like to urge each of the Councilors to take steps to

organize their Districts at once, or at least before the close of March.

The House of Delegates will meet April 25th, at 2 o'clock p. m., this being the day preceding the meeting of the annual session of the Association. The County Societies should be informed of this by you, and they should take the necessary steps to have their Delegate elected and present at that date. The certificate of the Delegate should be forwarded to the Secretary of the State Society as soon as he is elected.

The Fifth, or Western District, has set a splendid example of what can be done in the organization of District Societies. At their organization at San Antonio, ninety members sat down to the banquet table together.

It is hoped that each of the Districts will be able to complete as good a society before the session at Austin, April 26, 1904.

The meeting at Austin promises to be the best in the history of the State Association. I am,

Cordially and fraternally yours,

JNO. T. MOORE,

Secretary Texas State Medical Association.

Fifth District Medical Society.

Representatives from sixteen counties of this district met at San Antonio, February 2d. Dr. Malone Duggan, Eagle Pass, Maverick county, was elected temporary chairman, and Dr. Marvin B. Grace, Seguin, Guadalupe county, temporary secretary. After Dr. Witten B. Russ, San Antonio, Councilor for the District, had stated the object of the meeting, a committee, consisting of Drs. Alonzo Garwood, New Braunfels, Comal county, and John V. Spring and Witten B. Russ, of San Antonio, Bexar county, was appointed to draft a constitution and by-laws. At the evening session this committee made its report, and presented a constitution and by-laws, which were adopted. The following officers were elected: President, Dr. Malone Duggan, Eagle Pass, Maverick county; Vice-Presidents, Drs. J. R. Evans, Devine, Medina county, William S. Pickett, Karnes City, Karnes county, Charles W. Watt, Uvalde, Uvalde county, Henry Leonard, New Braunfels, Comal county, David H. Houston, Floresville, Wilson county, Asa M. Stamps, Seguin, Guadalupe county, and R. N. Lane, Eagle Pass, Maverick county; Secretary, Dr. Marvin B. Grace, Seguin, Guadalupe county; Treasurer, Dr. John T. Fitzsimon, Castroville, Medina county, and Censors, Drs. Alonzo Garwood, New Braunfels, Comal county, W. A. King, Falls City, Karnes county, and William Myers, Seguin, Guadalupe county.

THE

TEXAS MEDICAL JOURNAL.

AUSTIN, TEXAS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITED AND PUBLISHED BY
F. E. DANIEL, M. D.
Mrs. F. E. DANIEL, Managing Editor.

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WITTEN BOOTH RUSS, M. D., San Antonio, Texas.

Published Monthly at Austin, Texas. Subscription price $1.00 a year in advance
Eastern Representative: John Guy Monihan, St. Paul Building, 220 Broadway, New York City.
Official organ of the West Texas Medical Association, the Houston District Medical Association, the Austin District Medical Society, the Brazos Valley Medical Association, the Galveston County Medical Society, and several others.

THE STATE MEDICAL ASSOCIATION OF TEXAS—THIRTY-SIXTH ANNUAL MEETING.

LOCAL ARRANGEMENTS.

To Meet at Austin, April 26, 27, 28 and 29.

Great enthusiasm has been awakened in the medical profession of the great State of Texas,—a regular shaking up of dry bones,—in consequence of the success or the reorganization of the State Medical Association, The total enrollment of active members now exceeds 2200, against 386 last year. It is confidently expected that there will be one thousand physicians in attendance at the great meeting to be held at the Capital of Texas the last week in April, and arrangements to entertain them, and the ladies who will accompany many of them, are being made. Oh, it will be a grand meeting, and will mark an epoch in the organization. A number of the distinguished physicians from other States, from the army and navy, and the United States Public Health Service, have been personally and especially invited, and it is hoped that some of the celebrities will be in attendance. Some notable papers will be presented, and it is expected that a large part of one day will be devoted to the discussion of yellow fever, and "quarantine or no quarantine;" to the subject of consumption; to that of rail-

way sanitation, besides the subject of the papers read in the several sections.

An invitation is hereby cordially and earnestly extended to every reputable and progressive physician in Texas to come. A warm welcome will be given them, and they will be received in the ranks of progressive medicine with glad acclaim.

The social features of the meeting, too, will be of a high order, and full of delight. The local physicians and citizens feel a pride in the matter, and are going to entertain their guests in a distinguished manner. A grand reception, ball and supper—with oodles of champagne punch, and a stronger drink for those who want it—will be given at the Driskill, and when the music rises with its voluptuous swell, something will be doing "sho' nuff." Receptions will be given also at the residences of some of the local physicians, and, altogether, we can promise our guests—doctors and ladies—a delightful time.

The President and Faculty of the University of Texas have courteously placed the great auditorium of the University building at the services of the Association, together with room for the House of Delegates, the Judicial Council, and for the various committees, and also a hall for exhibits of books, pharmacals, surgical and other appliances, and the offer has been accepted. President Prather and the professors are on the reception and entertainment committees, and will co-operate with those having the program in charge to make everything go off with *eclat,* or like a sky rocket, with brilliancy, beauty and facility. There is much at the University to interest visitors: a splendid library, art halls, statuary and painting, the chemical, biological and physiological laboratories, etc., and time will be given for visits to these features.

As the University is some considerable distance from the business part of Austin and the hotels, arrangements will be made with the caterer who "feeds" the students (Brackenridge Hall, on the campus of the University) to furnish dinner there for as many as want it, at about 50 cents each, thus obviating the necessity of going to town to get dinner, and the delay of getting back. There are also several restaurants near the University. It has been arranged with the electric car management to carry the crowds to and from the University without hitch or delay.

Of course, there will be no charge for floor space for exhibits, and pharmacal, surgical and other manufacturers are urged to send their best men with a full lay out of their wares. It will be "worth while."

Special reductions in rates at hotels and boarding houses will

be secured, and also a special round-trip rate on all railroads. These will be announced in due time by printed program, which will be a special feature of the April issue of the "Red Back." This number, bye the bye, will be an extra large edition, and a regular whizzer! Our representative will have a table in exhibit hall, with a display and plenty of blank receipts, and will be in a humor to take subscriptions with neatness and dispatch, at all hours. Every fellow is expected to have an extra dollar in his pocket for the contribution box of the "Red Back."

The Arrangement Committee—Dr. T. J. Bennett, Chairman, on behalf of the State Medical Association, and Dr. Ralph Steiner, President, on behalf of Travis County Medical Society—have appointed sub-committees as follows, and made the following "arrangements:"

Entertainment.—Dr. B. M. Worsham, Chairman.

Reception.—Dr. S. E. Hudson, Chairman.

Transportation.—Dr. H. B. Hill, Chairman.

Hotels.—Dr. J. S. Wooten, Chairman.

Invitation—Drs. Daniel, T. D. Wooten and Tabor.

Finance—Dr. M. M. Smith.

Invocation. Rev. Werlein, Pastor Tenth Street Methodist Church.

Adresses of Welcome. On behalf of the city, His Honor, Mayor White; Citizens, Rev. R. J. Briggs, M. D.; Medical Profession, Dr. F. E. Daniel; University, President Prather.

Conference on Railway Sanitation.—A number of chief surgeons and superintendents of Texas railroads met in the office of State Health Officer Tabor in Austin, February 23d, to talk over Dr. Tabor's recent rules and regulations to govern railroad disinfection and general sanitation, in pursuance to the recently passed law on the subject. These rules and regulations were published in our January number. Amongst the surgeons were Dr. W. G. Jameson, Chief Surgeon of the I. & G. N. ("The Texas Railroad"), the only road, bye the bye, on which disinfection of cars is in operation; Dr. R. W. Knox, Chief Surgeon S. P. System; Dr. J. R. Stewart, of the H. & T. C.; Dr. C. A. Smith, of the Cotton Belt, and Dr. Scott, of the G., C. & S. F. Mr. Pettybone, Superintendent of the G., C. & S. F.; Mr. Van Vleck, Superintendent of the S. P. System, were here also. The date when the rules become effective is March 31st, as heretofore announced.

I can not see that anything was accomplished by the conference. I was not present, but, from the press reports, it seems that there

was a general protest against having spittoons in the ladies' cars, as tending to encourage chewing in these cars. It was urged that cars entering Texas from other States, where there is no law to require it, are not provided with spittoons, and, as Texas lines take these cars at the State lines in some instances, they become liable for failure to provide them. Dr. Knox also thought "disinfection" of cars, after they enter Texas, would be unnecessary, if they were properly disinfected at point of departure, St. Louis, for instance. There is no disinfection of cars done at St. Louis, New Orleans or elsewhere, so far as I know. It is required by law only in Teaxs. Hence, that objection is not valid. Besides, the law regarding disinfection of coaches, and Dr. Tabor's rules to enforce it, are very vague and indefinite. They are to be disinfected "when they become infected." Now, who is to be the judge, and say when a day coach is infected? While with regard to sleepers, they are to be disinfected only "at the end of each run." It may be assumed that, as some of the roads protest against the enforcement of these rules, and object to doing more than the law requires, the disinfection, if practiced at all, will be of a perfunctory nature, and only sufficient to comply with the requirements and save themselves. It is to be assumed that cars in which consumptives travel are always infected, and Dr. Tabor should, and doubtless will, see that the disinfection is thorough and effective, or it will not be done. The railroads—some of them—are very much of Jay Gould's opinion, "the public be damned." They are out for revenue. Dr. Tabor will not prescribe the manner of disinfecting, nor the apparatus to be employed. It is generally understood, however, that formaldehyde must be used, as it is the only disinfectant suitable for sleepers, and at once effective and free from objection. Whatever plan or machine adopted by any road, must, however, have his approval.

To effectually fumigate a car in which tubercle bacilli are supposed to be lodged in the fabrics, formaldehyde gas should be used in vast volume, so as to penetrate. The use of sheets wet with formaline solution will not disinfect a car. It is, at best, only a deodorizer.

News and Miscellany.

Dr. W. B. McLaughlin, of Austin, read a paper before the New York Academy of Medicine, February 18th (ult.), on "The Rationale of Natural Arrest of Consumption; a Study Explaining

the Effect of Sea Voyages, Out-of-Doors Life, etc., on the Disease, with Suggestions as to Ideal Treatment." It was discussed by Drs. Peabody, W. Gilman Thompson, Jno. B. Huber, and Major W. C. Gorgas, Surgeon, U. S. A. Major Gorgas had charge of the sanitary reform in Havana, which led to the extinguishment of yellow fever, and Dr. McLaughlin was associated with him in the work.

As to Dr. Knopf.—Dr. Knopf wrote me that I had been misinformed, and that I had no warrant for saying that his letter (see February number Texas Medical Journal), in which he asked the conditions of membership in the International Congress of Tuberculosis, was not answered. He sends me a letter from Dr. Barrick, the President of the Congress, which, he says, is an answer to his letter, and asks me to publish it. I do so with pleasure. It will be seen that Dr. Barrick is "glad to know that he (Dr. Knopf) is interested in the great humanitarian movement," and refers the letter to the Chairman of the Organization Committee (also Chairman of the Executive Council). The case is not the least altered by this letter, for the chairman did not answer it, and I was officially notified that the Executive Committee unanimously "resolved that it was not to the interest of the Congress to admit applicant to membership;" just as I stated. Here is the letter, however, which Dr. K. calls a reply, and asks me to publish. See for yourself what it amounts to:

(Copy.)

American Congress on Tuberculosis.
Season of 1903-4.
Office of the President.
Toronto, Ontario, November 16, 1903.

S. A. Knopf, M. D., 16 West Ninety-fifth Street, New York.

My Dear Doctor: I am in receipt of your letter of the 11th inst., and am glad to know that your interest in the great humanitarian movement to prevent the spread of tuberculosis is still keeping up.

As I am not in possession of all the information you ask for, I have forwarded your letter to the Chairman of our Executive Committee, who is also Chairman of the Committee of Organization of the International Congress on Tuberculosis, appointed by the President of the Universal Exposition; I refer to Mr. Clark Bell, 39 Broadway, New York.

Under separate cover I sent to your address a pamphlet in sup-

port of Municipal Sanatoria for Consumptives. I shall be obliged if you would read it carefully and write me how it appeals to you.

Yours very truly,

E. J. Barrick.

See Here, Doctor:

"Red Back," one year.....$1 00
Daily Medical Journal, New York..... 1 00

Both sent for $1 50

Belated Yellow Fever.—Two cases of yellow fever occurred in Laredo in January; one on the 2d and one on the 5th.

Dr. J. H. Foster, Second Assistant Physician at the State Lunatic Asylum, has resigned; Dr. Louis H. Kirk, Third Assistant, has been promoted to the vacancy, and Dr. John Bradfield, of Daingerfield, has been appointed third assistant, and Dr. Horace Gilbert, of Austin, has been appointed fourth assistant. These young men are all graduates of the Medical Department, Texas University.

Notice to Delegates, Texas State Medical Association Meeting, at Austin in April.—Delegates will meet at 2 o'clock, April 25th (one day ahead of meeting of the Association), to organize the House of Delegates.

In Memoriam—Dr. H. A. West.

To the President and Members of the Fifth District Medical Association:

We, your committee appointed to draft resolutions upon the death of Drs. H. A. West, of Galveston, and J. C. Jones, of Gonzales, beg leave to report that:

Death has invaded our rank and claimed two of the most distinguished members of the medical profession of Texas; the gallant Jones and the companionable West; the one retiring and modest as a woman and the other the eloquent debator and champion of all that goes to upbuild the medical profession, but both the educated, respected and lovable physicians, honored and respected by all the profession of the State. Dr. Jones was a distinguished surgeon in the Confederate army, and the physician to

the great commander, General Hood. He was highly educated in the great universities of Eupore, and served his State honorably as a member of the Board of Medical Examiners for the State of Texas from its organization until his death. Dr. West was a distinguished medical teacher and physician, who gave a large portion of his time to the upbuilding of the State Medical Association, having served as its Secretary for the past ten years. Therefore, be it

Resolved, By the President and Members of the Fifth District Medical Association, in session at San Antonio, Texas, February 4, 1904, That we wish to express our sorrow for the loss of these men who were untiring in their efforts to elevate the standard of medicine in Texas, and who exemplified in their lives the noblest qualities of mind and heart of the true Medical Practitioner. That we express to their respective families our deepest sympathy in their bereavement. That a copy of these resolutions be sent to their families and given for publication to the press of the State.

L. L. Shropshire,
M. M. Smith,
A. Garwood,
T. T. Jackson,
M. T. Moore.

To Our Texas Friends, Through the "Red Back":

It gives us much pleasure to announce that, while the recent fire at Baltimore threatened our laboratories, we were fortunate to escape without loss, and are still doing business at the old corner. We are perfectly able to take care of and ship any order with which our friends may favor us.

Very truly yours,

Sharp & Dohme.

[Try their Glycero Phosphates; a powerful and elegant reconstructive tonic.—Daniel.]

$3000 Cash.—Office practice free to purchaser of fine office equipment; at great bargain. Good location. Buyer introduced. Write promptly. "Doctor," Box 395, Paris, Texas.

Meeting of the Board of Medical Examiners for the State of Texas.—The next meeting of the Board of Medical Examiners for the State of Texas (Regular), to examine applicants to practice medicine, surgery and midwifery in this State, will be

held in Austin, Texas, April 21, 22 and 23, 1904. For further information, address Dr. M. M. Smith, Secretary, Austin, Texas.

Big Injun.—An elegant lithograph, in eleven colors, of a "Medicine Man of the Sioux Indians" has been sent to every physician in the United States by the proprietors of the Tongaline Preparations and Ponca Compound. Any physician who has not received this handsome and artistic reproduction of a famous Indian chief, can easily obtain such by writing for it to the Mellier Drug Company, St. Louis.

Those Emergency Cases.—We mentioned in our last issue that Mr. E. Hadra, of Dallas, had suggested the carrying of emergency cases on all railroads for use in case of accidents, and said that it would seem that some chief surgeon would have inaugurated such a measure long ago. Chief Surgeon S. C. Red, of the Houston & Texas Central, informs me that "such an emergency packet has been on all trains of the H. & T. C. for a very long time." I take pleasure in making the statement.

For Sale.—Drug store and home of a deceased physician. Large practice for capable German physician in a large German neighborhood. Former doctor's cash practice amounted to over $3000 per annum. For particulars, write to Judge S. R. Blake, Bellville, Texas.

Will Repair Your Electrical Machines.—Static and all electrical medical apparatus put in running order. I am also agent for electrical and X-Ray apparatus. Oliver Brush, 710 Colorado Street, Austin, Texas.

New Orleans Polyclinic.—Seventeenth annual session opens November 2, 1903, and closes May 28, 1904. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information, address New Orleans Polyclinic, postoffice box 797, New Orleans, La.

Alkalometry in Pneumonia.—There are those who claim that nothing remedial can be done for pneumonia. The Abbott Alkaloidal Company are very sure that something can be done by Alkalometry, and they announce the claim in their advertisement this

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month, which please see. Dr. Abbott will be pleased to give any inquiry as to alkaloids, etc., his personal and prompt attention. Write to him.

An Electro-Therapeutist's Definition of a Kiss.—A gradual obliteration of the spark-gap, resulting in a short circuit while the machine works under increased pressure, the electrical energy being given off in the form of elliptical (pronounced a-lip-tickle) vibrations.—*Exchange.*

New York, January 25, 1904.

Texas Medical Journal.

Dear Sirs: Will you very kindly give space to the following notice in your valued journal, and oblige:

X-Ray Prize Essays.—Believing that the further development of X-Rays is of great importance to surgery and medicine and the human race, and to encourage research and disseminate the knowledge gained, the *Illustrated Review of Physiologic Therapeutics* offers the sum of fifteen hundred dollars in cash prizes for the best "Essays on X-Rays in Medicine and Surgery," the first prize being $1000. All surgeons, physicians and hospitals interested in any branch of X-Ray work should write to the *Illustrated Review of Physiologic Therapeutics,* 19 East Sixteenth Street, New York City, for information concerning title, time allowed, conditions, etc.

For your information, we may say that we give this prize on about the same plan as the recent "Preventive Medicine" prizes.

Very truly yours,

Illustrated Review of Physiologic Therapeutics,
19 East Sixteenth Street.

Abstracts and Selections.

The State and the Mosquito.

At last the mosquito question is regarded as of national importance, and men of light and learning in all branches of life have been brought to believe and to appreciate the fact that the mosquito is a foeman by no means to be despised. The mosquito has long been regarded as an excellent medium for jesting, and the evils which it brings in its wake have not been recognized at

No review of therapeutic progress would be complete without a reference to the unique value of

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their full significance. Of course, up to a comparatively recent date, the disease-bearing properties of certain mosquitoes were not known; but even now, the humorous side of the matter is more apt to crop up than is the grave. The convention called by Governor Murphy, of New Jersey, and which held its session a short time ago in New York, discussed in all its bearings the situation as regards the mosquito. The meeting was attended not only by men of science, but by those prominent in various other ways. The suggestions advanced with a view of exterminating or of keeping out the insects were many, some of which seemed feasible, and some chimerical. Mr. Walter C. Kerr, of Staten Island, was of the opinion that if the city of New York would begin the work of extermination by spending $2000, the rural communities would continue it until mosquitoes ceased to exist. Dr. L. O. Howard sent an interesting letter, and many others spoke or wrote. Finally resolutions were adopted recommending that a provisional committee be appointed by the convention to consider the formation of a central organization of national character, with which local bodies might co-operate in conducting a gigantic mosquito crusade.

The most gratifying and encouraging feature of the convention is that it signifies the awakening of the American people to the truth, that the mosquito has wrought and is capable of wreaking, an immense amount of injury to life and property. These insects have done incalculable harm in all parts of the world. Several of the European nations, and Japan in the far East, have already organized vigorous crusades against the mosquito. This country has been slow in acting, but as soon as it is thoroughly well understood how great is the power for harm possessed by the mosquito, the United States will take measures which will equal or surpass those of other lands in suppressing the pest.—*Medical Record*, January 2d.

Congress Internationale De La Tuberculosis, France.

We are glad to be able to announce that this very powerful body, which was announced to meet in Paris, on September 26 to October 1, 1904, under the presidency of Professor Brouardel, one of the honorary members of the Medico-Legal Society, and of whom Prof. Dr. M. Letulle, Professor Aggerge, of the faculty of medicine 7 Rue de Magdebourg is secretary, has decided to postpone its session to the year 1905. Professor Brouardel has been advised of

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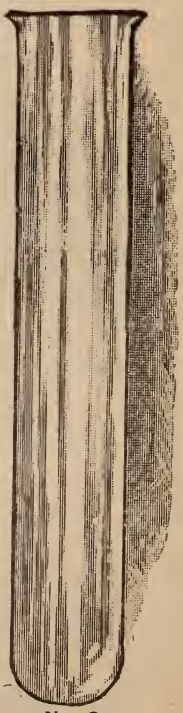

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the action of the United States government respecting the holding of the American Congress at the St. Louis Exposition, at dates, which, while although not identical, were too near each other to enable the Frenchmen to attend the St. Louis Congress or the Americans to attend the Paris Congress.

The adjournment will accommodate both bodies and enable the International Congress at St. Louis to receive the representatives of the Paris Congress, as it will be invited to be represented.

There has been for many years a great desire to meet Professor Brouardel on this side of the Atlantic, and it is to be hoped that he will attend the International Congress at St. Louis, on October 3, 4 and 5, 1904.—*Medico-Legal Journal, December, 1903.*

Books and Magazines

THE PRACTICAL MEDICINE SERIES OF YEAR-BOOKS. Comprising ten volumes on the year's progress in medicine and surgery, under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School.

Before the reviewer is volume II, devoted to general surgery, edited by John B. Murphy, M. D., Professor of Surgery, Northwestern University Medical School. This volume is well illustrated and succinctly gotten up. The price of this volume is $2.00; the entire series, $7.50.

Before the reviewer also is volume III, of the same series, on the eye, ear, nose and throat, edited by C. A. Wood, M. D., A. H. Andrews, M. D., and T. M. Hardie, M. D., of Chicago.

Volume IV, also of the same series, devoted to gynecology, edited by E. C. Dudley, M. D., of Chicago.

These volumes are published by the Year-Book Publishing Company, of 40 Dearborn Street, Chicago. 1903. T. J. B.

THE MEDICAL EPITOME SERIES—OBSTETRICS. A Manual for Students and Practitioners. By W. P. Manton, M. D. Series edited by V. C. Pedersen, A. M., M. D. Illustrated with 82 engravings. Published by Lea Brothers & Co., New York and Philadelphia.

This little volume, of course, contains only the essentials of its subject, but it presents them in such a concise, clear and definite

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manner that we feel no hesitancy in recommending it as a thoroughly scientific work. It will be found to be of much practical use to the student and the beginner in the subject.

J. M. L.

OPHTHALMIC MYOLOGY. A Systematic Treatise on the Ocular Muscles. By G. C. Savage, M. D., Professor of Ophthalmology in the Medical Department of the Vanderbilt University; author of "New Truths in Ophthalmology;" ex-President of the Nashville Academy of Medicine; ex-President of the Tennessee State Medical Society. Sixty-one illustrative cuts and six plates. Price, $4.00. 1903.

This work has been carefully prepared, and in some respects it diverges from heretofore beaten paths. It is to an author's credit sometimes that the beaten path has not been followed. Too many books are only a change of verbiage, and for the good of science had better remained unwritten. Savage's work should interest any one at all familiar with ophthalmology. T. J. B.

OBSTETRICS. A Text-Book for the Use of Students and Practitioners. By J. Whitridge Williams, Professor of Obstetrics, Johns Hopkins University, etc., Baltimore, Md. With eight colored plates and 630 illustrations and thirty illustrations in the text. Pages, 845. Price, $6.00. New York and London: D. Appleton & Co. 1903.

This volume is one of the year's best products. It is both scientific and practical. It is well illustrated and elaborate, yet nothing seems superfluous. Among the number of standard works on obstetrics, this book has no superior, and few equals. A large field is covered by this volume. because modern views take in a broader scope. The science of obstetrics, as promulgated, has kept pace with other branches of medicine, and all are moving.

T. J. B.

DISEASES OF THE HEART AND ARTERIAL SYSTEM. Designed to be a practical presentation of the subject for the use of students and practitioners of medicine. By Robert H. Babcock, A. M., M. D., Professor of Clinical Medicine and Diseases of the Chest, University of Chicago, etc. With three colored plates and 139 illustrations. Pages, 837. Price, cloth, $5.00. New York: D. Appleton & Co. 1903.

This work can be considered a treatise, though the author does not say so in his preface. At first glance the volume looks large

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for the subject, but if any close observer will study carefully the article on any of the diseases treated, pericarditis for instance, he will conclude, as did the reviewer, that the author is master of the subject; that he has not detailed too extensively, but, on the contrary, has put forth a clear, practical article. The othor chapters of the book are as well written as the one on pericarditis. Taking it altogether, Babcock has written a book that will at once take its place as a standard on diseases of the heart and arterial system. T. J. B.

A Manual of the Practice of Medicine. By A. A. Stevens, A. M., M. D., Professor of Pathology in the Woman's Medical College of Pennsylvania; Lecturer on Physical Diagnosis in the University of Pennsylvania; Physician to the Episcopal Hospital and to St. Agnes' Hospital; Fellow of the College of Physicians of Philadelphia, etc. Sixth edition, thoroughly revised, enlarged and reset. Handsome post-octavo of 556 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Flexible leather, $2.25 net.

This little work, now in its sixth edition, bound in flexible leather, its contents culled from the greatest medical thinkers of the country, is a handsome and valuable work. Much new material has been added in the more important ailments—malaria, gout, diseases of the digestive organs, blood, myocardium, cord, etc.

We take pleasure in recommending the work to students of medicine. J. M. L.

The Internal Secretions and Principles of Medicine. By Charles E. de M. Sajous, M. D., of Philadelphia; Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society and Academy of Natural Science, etc. Volume I. With forty-two illustrations. Pages, 800.

This is an advance work ahead of the times. It is based upon experiment, where permanent volumes are obtained. A study of the adrenals, as viewed from clinical pathology, occupies the first sixty-two pages. The next 100 pages are devoted to the internal secretions of the adrenals in its relations to the respiratory processes and the composition of the blood.

The third chapter consists in internal secretion of the adrenals in its relations to the general oxidation processes. Chapter four takes up the thyroid and thymus glands in their relations to the adrenals. The anterior pituitary body, the thyroid gland and the adrenals, as parts of an autonomous system, are discussed in chap-

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ter five. The other seven chapters are equally as interesting and instructive as the ones mentioned. The work, as a whole, is one of the most thoroughly scientific and advanced of the last half dozen years. T. J. B.

Clinical Treatise on the Pathology and Therapeuty of Disorders of Metabolism and Nutrition. By Prof. Dr. Carl von Noorden, Physician-in-Chief to the City Hospital, Frankfort a. M.

The volume under consideration is part II, devoted to *nephritis.* It is the authorized American edition translated under the direction of Dr. Boardman Reed, of Philadelphia. E. B. Treat & Co., of New York, is the publisher. Price, $1.00. Part 1 of the series is on *obesity, the indications for reduction cures.* Price, 50 cents. These are along basic lines, and in many respects they are iconoclastic. T. J. B.

A Non-Surgical Treatise on Diseases of the Prostate Gland and Adnexa. By George Whitfield Overall, A. B., M. D., formerly Professor of Physiology in the Memphis Hospital Medical College. Price not given. Published by Marsh & Grant Company, Chicago.

The author early takes his stand against the indiscriminate and reckless use of the knife in the treatment of prostatic diseases. That there are some cases in which surgery must be resorted to, he does not deny, but that these cases can be reduced to a minimum by the thorough and scientific application of medicines, electrolysis and cataphoresis his large experience has full demonstrated.

The work is of convenient size, clear outline, thoroughly practical, and will fill a conspicuous place in routine use.

J. M. L.

Nervous and Mental Diseases. By Archibald Church, M. D., Professor of Nervous and Mental Diseases and Head of Neurological Department, Northwestern University Medical School; and Frederick Peterson, M. D., President New York State Commissioner in Lunacy; Chief of Clinic, Department of Nervous Diseases, College of Physicians and Surgeons, New York. Fourth edition, thoroughly revised and enlarged. Handsome octavo volume of 922 pages, with 338 illustrations. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Cloth, $5.00 net; sheep or half Morocco, $6.00 net.

In this the fourth edition of this work a large part of the text has been re-written, and we are happy to welcome the advent of

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considerable new matter. The recent fruitful investigations on the subject of nerve healing are thoroughly reviewed, the relation of Herpes zoster to lesions of the posterior root ganglia firmly established, and the combination disease, so-called, that form of epilepsy marked by myoclonus, fully described. Symptomatology and diagnosis has been added to largely, particularly the value of astereagnosis and of Kernig's sign. The insanity department of the work contains a new section prepared by Dr. Adolph Meyer.

The book is equally adapted to the needs of the student or the general practitioner. J. M. L.

How to Attract and Hold an Audience. A Popular Treatise on the Nature, Preparation and Delivery of Public Discourses. By J. Berg Esenwein, A. M., Lit. D., Professor of the English Language and Literature in the Pennsylvania Military College. Hinds & Noble, Publishers, New York City. Price, $1.00, cloth, boards. 270 pages.

This little book will be found useful and interesting by all who are ever called on to speak. It maybe a real help to the bashful and inexperienced speaker. We fail to see how it will help any one to "attract an audience," however.

The Interstate Medical Journal for January, 1904, is a valuable book of over 100 pages. It is devoted to a review of medicine in all its branches for the year 1903, and an exposition of its progress. Many of the articles are very able and interesting. Amongst its contributors are Myers, Bartlett, Tanssig, Carl Fisch, Ehrenfest, Friedlander, Engman, Sauer and other well known

writers. Dr. O. F. Ball, managing editor, is to be congratulated upon volume XI, No. 1.

NOSE AND THROAT FOR THE GENERAL PRACTITIONER. By George L. Richards, M. D., Fellow American Laryngological, Rhinological and Otological Society; Fellow American Otological Society; Associate Editor Annals of Otology, Laryngology and Rhinology; Otologist and Laryngologist Fall River Union Hospital, Fall River, Mass. Price, $2.00. Published by International Journal of Surgery Co., New York.

This little work does not enter into a discussion of the theory or the minutia of the subjects treated. It contains just so much of detail as will be of practical use to the general practitioner of wide experience, and is prepared especially for him, describing only such instruments and apparatus as he should possess.

In the matter of illustrations the work is decidedly deficient. We are loath to make this criticism, for the text is, on the whole, unusually clear and concise, and will be of benefit to those in need of such a work.

Publisher's Department.

Suppurating Appendicitis Opening Into the Bladder.

BY DR. ENRIQUE FORTUN,

Surgeon of Hospital No. 1, Havana.

Juan G., a Spanish merchant, 37 years old, with evident syphilitic antecedents, began to suffer about two months ago acute pains in the right iliac pit, while a tumefaction was observed in that region.

He became an inmate of a clinic of this city, where his case was diagnosed as malignant neoplasm. After remaining about twenty days in said clinic, the patient decided to leave for Spain; in the meantime, he stopped at a hotel here. While there he was taken with violent fever and ague, with a temperature of about 41° C., and the first micturition following this attack did show the presence of a great quantity of pus.

Dr. Parra, who was attending the patient, did me the honor to ask me to assist him. I called on him the night after the evacuation of pus had occurred.

The first symptom to which my attention was called upon ex-

WOMEN IN PREGNANCY

BURNHAM'S CLAM BOUILLON.

For nausea in pregnancy, for convalescents, and for patients suffering from general gastric disturbances, Physicians will find an Exceptional Food in

BURNHAM'S CLAM BOUILLON

(Absolutely Free From Any Preservative)

The list of liquid foods that can be used in such cases is exceedingly limited and the Physician is often harassed to find a food that will be acceptable and appeal to the patient's appetite. In such emergencies BURNHAM'S CLAM BOUILLON has been known and has been prescribed for years by some of the Leading Physicians. It is unlike any other liquid food, in that when prepared it presents an appetizing appearance and a tempting odor. It is a decided change from the ordinary delicacies for the sick room. It is enthusiastically welcomed, as the average layman knows the value of the juice of the clam as a beverage, as strengthening and tonic in its effect, both to the stomach and the nervous system. An especially attractive feature about BURNHAM'S CLAM BOUILLON consists in the fact that it is bottled in glass, being sold in pints and half-pints. This assures not only cleanliness and convenience in the serving, but perfect purity and freshness while using in the sick room. All the leading apothecaries and grocers sell it.

E. S. BURNHAM CO., Manufacturers and Packers, 53 to 61 Gansevoort St., New York.

amination was the dimension and hardness of the liver, with swellings, the massiveness of which continued uninterruptedly in connection with the massiveness of the iliac pit, in which region (the right iliac pit) an accentuated muscular resistance was observed, though that region instead of being swollen presented a depression, at the bottom of which the rim of the hepatic gland could be felt by the hand. The temperature was 38°, the pulse beat between 80 and 90, and the general condition of the patient was rather satisfactory.

The diagnosis offered no doubt in our opinion: Suppurating appendicitis with evacuation into the bladder (the urine which was shown to us was extremely fetid and mingled, and it did contain a large quantity of pus) and syphilitic cirrhosis of the liver.

We advised the patient to consent to be operated upon, which he did. On the following day an incision of about seven centimetres was made into the middle of the depression observed in the iliac pit. We rapidly reached a perfectly defined cavity, which contained a little pus mixed with mucosites. We washed out the cavity with Hydrozone and plugged it with iodoform gauze. On the following day, when we dressed the wound, upon careful examination of the cavity, we did not find any connection with the

bladder, but we could extract the appendix, which was affected by fæces.

A complete cure was accomplished in a month, and during that time the liver decreased considerably in volume. Since the third day of the operation antisyphilitic treatment was followed.

The communication between the cavity of the abscess and the bladder healed after twelve days of treatment.—*From Revista Medica Cubana,* July 1903.

Morrhuol Creosote.

Some years have elapsed since Morrhuol Creosote was first brought to the notice of physicians as a remedy of positive value in chronic bronchitis, incipient phthisis, bronchial asthma, as a prophylactic against colds, as well as for dispelling those intractable sequelæ of la grippe which are so often met with after epidemics of this disease.

It is true that some physicians are averse to prescribing the active principles of cold liver oil in the form of wine, elixir or cordial, or, indeed in any liquid form and justly so, for there can be very little if any of the active constituents of cod liver oil present in such preparations, owing to the fact that it requires strong alcohol to dissolve them when disassociated from the oil. It necessarily follows, therefore, that strong alcoholic fluids are necessary to hold them in solution, and as the liquid preparations containing more than 25 per cent of alcohol are undesirable, the commercial wines and elixirs represent only an infinitesimal quantity of the active principles of cod liver oil.

Morrhuol Creosote is presented in capsule form, and contains in each capsule three minims of morrhuol (the active principles of cod liver oil discovered by Chapoteaut) and one minim of pure beechwood creosote, and is sold in bottles in eighty capsules; the genuine article bearing the imprint of Rigaud & Chapoteaut, Paris, France, the originators of this preparation. E. Fougera & Co., New York, are agents for the United States.

A Glycerine Tonic in Neurasthenia.

℞ Tinct. Colomb . . . . . ℥i
Ext. Taraxici Fluid . . . . . ℥i
Syr. Glycero-phosphatis Comp. (Huxley) . . . . ℥vi
Vin. (any sweet wine) . . . . . ad. . ℥xvi
M. Ft. Mist.
Sig.: One teaspoonful diluted with water before meals.

I have used Seng and Cactina Pellets in my practice and find that they are all that has been claimed for them. Seng is excel-

(*When you prescribe it you know what it is.*)

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A reliable remedy for the *rapid removal* and *permanent relief* of *local* and *general dropsical conditions* due to cardiac, renal or hepatic disease or inflammations of the peritoneum, pleurae or other serous cavities.

A Common Remedy for the Common Symptom, Dropsy.

A scientific combination of three of the more recently investigated members of the Digitalis series—Apocynum, Strophanthus, and Squill with Sambucus, forming a combination which, like *Digitalis*, improves the tone of the heart muscle and diminishes pulse frequency. *Unlike Digitalis* it produces vaso-motor dilitation, (rapid lymphathic elimination) purgation, efficient diuresis, is not cumulative and is non-toxic.

You Should Prescribe It.

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Because you can get more satisfactory results with Anedemin.
Because it is harmless and does not exhaust your patient.
Because it produces ideal conditions for the repair of organic lesions.

Advertised to physicians only. Ten days treatment sent any physician on application.

Manufactured and for sale by

THE RUTLEDGE CHEMICAL COMPANY,

Fort Worth, Texas, U. S. A.

(*When you administer it you know how it acts.*)

lent in those forms of indigestion following chronic catarrh of the stomach and bowels. I like the effect of Cactina Pellets in weak heart. I have used it for the last seven years.

Crawford, Texas. A. M. Armstrong, M. D.

The Austin District Medical Society will meet in Austin March 24th to reorganize into the Ninth Councillor's District Society. Professor Thompson, of Galveston, will read a paper. Come!

We note with interest that the fourth annual summer course in medicine of the Tulane University of Louisiana will begin May 2d and last six weeks. Descriptive circular will be mailed on application. Address "Summer Medical Course," Tulane University, P. O. drawer 261, New Orleans, La.

Expectation becomes realization in all cases of localized inflammation where Antiphlogistine is applied.

The gouty and rheumatic diatheses are frequently associated with organic and functional disturbances of the various viscera. In these conditions the class of drugs called alteratives are especially indicated, relieving as they do, circulatory obstructions and

---

stimulating secretion. In Tri-Iodides, Henry, we have a powerful alterative and resolvent; a glandular and hepatic stimulant indicated in all conditions dependent upon perverted tissue metabolism, and especially so in rheumatic affections, with or without demonstrable syphilitic taint.

I have used more or less of the two elegant preparations, Peacock's Bromides and Chionia, during the last two or three years, and must say with very satisfactory results.

Mitchell, S. D. B. A. Bobb, M. D.

Received sample of Ecthol, and have used same on a bad case of follicular tonsilitis, with a complete cure in twelve hours. This is certainly remarkable, and am very much pleased with it. At present am using it on a leg ulcer with remarkable results, and I can heartily recommend it to the profession.

Chicago, Ill. H. B. Hannon, M. D.

THE

TEXAS MEDICAL JOURNAL.

ESTABLISHED JULY, 1885.

PUBLISHED MONTHLY.—SUBSCRIPTION $1.00 A YEAR.

VOL. XIX. AUSTIN, APRIL, 1904. No. 10.

Convention of Texas Health Officers.

Held in Austin, March 31, 1904. To Begin and Prosecute a Sanitary Crusade.

Pursuant to call of State Health Officer Tabor, published in our February number, about one hundred representative county and city health officers assembled in the hall of the House of Representatives at 10 a. m., March 31 (ult.) Nearly every large city and many of the most populous counties were represented. The meeting was most enthusiastic, and all present were heartily in accord with the views of the State Health Officer as voiced in his masterly, comprehensive and altogether sensible address, which we publish herewith by request of the convention. Dr. E. Souchon, president, and Dr. Eagan, vice president Louisiana State Board of Health, Dr. C. W. Trueheart, the veteran yellow fever expert of Galveston City Health Officer, and Dr. J. S. Richardson, of the United States Public Health Service, and Dr. Daniel, of the TEXAS MEDICAL JOURNAL, occupied seats on the rostrum. Governor Lanham welcomed the health officers with a neat, characteristic speech. Dr. Tabor then delivered the following address. It was, by unanimous vote, ordered printed in pamphlet form without alteration, for distribution amongst the health officers of the State and through them to the people. It was also ordered published in the daily press, and in the "Red Back."

In the afternoon the convention was addressed by Drs. Souchon, Richardson, Eagan, Daniel, and others. A great unanimity of sentiment prevailed.

DR. TABOR'S ADDRESS.

GENTLEMEN: I have requested your presence here today for the purpose of conferring with you and through you to endeavor to

impress upon every citizen of Texas the necessity of a vigorous and immediate sanitary campaign in every section of the State, and especially with reference to the prevention of a recurrence of yellow fever, which invaded some sections of the Southwest last year with such disastrous consequences to both health and commerce.

Of course, we all know yellow fever is not endemic in this State. It must be introduced from the tropics or from some place recently infected, as it is endemic only in the tropics. But we must not feel secure from the invasion of this disease in any section of this State where the yellow fever mosquito exists. Wherever that species of mosquito, the *stegomyia fasciata,* exists, yellow fever, once introduced, may become epidemic.

The prevention of the introduction of fever may be obtained through quarantine, but land quarantine is far from effective, as there are so many avenues of evasion of quarantine by those persons determined to do so, therefore, we must turn our attention to prophylactic measures and try to impress the necessity of sanitation and destruction of mosquitoes upon our people, many of whom are not yet ready to accept the mosquito as the intermediary host and sole transmitter of this once most dreaded of all diseases. The prevention of an epidemic of yellow fever in any community in the United States may be accomplished by the destruction of the *stegomyia fasciata* in the community where the fever is introduced. You may say this is a big undertaking, which, I admit, but think of the results to be obtained. By uniformity of action and co-operation of every householder in a community or city, every person doing the same character of sanitary work at the same hour each day, will accomplish the results you wish for. Of course, uniform action is difficult to secure, but efforts to that end should be sought for.

Because your city or community has never been invaded with yellow fever, or, perhaps, upon some occasion, you have been visited with one or two cases without any spread of the disease, you might think you are safe from an epidemic, but conditions may have changed since the years ago when the few cases were in your community, and at that time the mosquito was not considered in connection with the disease, and perhaps the *stegomyia* did not exist then, while now if a search were made you might find many cisterns, barrels, sewers and cesspools harboring and breeding the *stegomyia fasciata,* the little insect which we now know causes the dissemination of yellow fever where it could not have existed twenty-five years ago, because of the non-existence of this species of mosquito in those communities.

As before stated, yellow fever is endemic in the tropics. It must be introduced here, but, mind you, if it is introduced, where the yellow fever mosquito exists, it may become just as epidemic here, but I do not believe it will necessarily become as fatal as in the tropics. But it is not my purpose to speak of the mortality rate, which might, of course, be very high if proper care and treatment were not observed, but I wish to discuss among ourselves the very best means which should be adopted to prevent its introduction, and, should it be introduced, to prevent epidemics. This can be obtained only by the destruction *entirely* of every mosquito which has bitten the patient suffering with the fever. This can be accomplished easily enough if the *first* case of yellow fever in a community is not overlooked or mistaken for something else. *If the first case of yellow fever in a community were properly and promptly diagnosed and properly screened, the second case would never occur.*

You must admit, gentlemen, that it requires courage for a physician to announce the first case of yellow fever in his city. No man knows this better than the physician himself, and no man knows this better than I, but the people who care more for human life than for money are always ready to rise up and honor the doctor who will rise above selfish greed and commercialism and fearlessly proclaim his diagnosis to the world and say it is yellow fever, if it be yellow fever; and I thank God that I find just such physicians in every community where I have been thrown in the performance of my duties, and, while at times, popular opinion, for commercial reasons, may be temporarily raised against them, the world knows these doctors are actuated by the best and strongest of motives—that of the protection of the health and lives of their citizens, their patrons, their friends and their loved ones, and they are applauded for their fearless and honest opinions. Gentlemen, I can not express myself too strongly upon this point—the necessity of the first case being properly diagnosed and reported, and don't wait until three or four days of fever have elapsed before reporting the case. If, for good reasons, you are unable to diagnose the case in its incipiency, then take the precaution to have the room screened and a mosquito bar put over the bed of the patient. This double screening is of vital necessity. If every case of fever—no matter what the character of fever—was screened during the first hour of the disease, yellow fever, malarial fever, and perhaps, other fevers, would soon disappear in this country entirely. It is during the first three or four days of the fever that the mosquito can

become infected, so the necessity of screening during the first hour is readily observed. Not only should the patient be screened, but the mosquitoes—if there be any on the premises—should at once be destroyed by thorough fumigation with sulphur or pyrethrum powder (two pounds of either to 1000 cubic feet), keeping the rooms closed eight hours; but remember that sulphur alone kills the mosquitoes, while the pyrethrum powder stupifies them, and they fall to the floor when they should be immediately swept into a fire and burned. The sulphur, you must also bear in mind, will tarnish or bleach fabrics, and metals, therefore, care must be observed in using it, except in bare rooms.

Then, do not neglect to visit the front and back yards to look for the breeding places of the mosquitoes. I, last year, visited houses, both in Laredo and San Antonio, which were infected with yellow fever, and inquired of the occupants if there were any breeding places for mosquitoes and was told that there were never any mosquitoes on their premises or in their houses. Upon investigation, however, I have found old unused cisterns or tubs or troughs or some other vessel containing water, and countless numbers of the *stegomyia*.

If you can secure the co-operation of your local physicians and get them to report the first and subsequent cases occurring in their practices, you will have accomplished much, for when you are apprised of a case, then you know where to conduct your sanitary and screening work. Can't you secure such co-operation? Any physician with the interest of his neighbors and city at heart should be willing to render the local health authorities every assistance, and especially should he be willing to prevent other cases occurring, if by reporting his first case, this result could be obtained.

I suppose it is hardly necessary for me to discuss the proposition, "Is the mosquito the sole transmitter of yellow fever?" This has been so well established by investigations made in Havana that there can hardly be room for doubt. However, the Health Department of Texas did not accept the mosquito as the sole distributor of the disease until personal observations were made in Havana last year, and also during the recent campaign against yellow fever in Laredo and San Antonio, and I feel no hesitancy in stating that I believe the mosquito is probably the sole transmitter.

Not only should war be waged against the *stegomyia*, but we should not overlook the fact that another species—the *anopheles*, transmits malaria.

The discoveries made in recent years showing the mosquitoes to

be the intermediary hosts of the organisms of the different classes of fevers, are very interesting, not only to the physician, but to the laity as well. Formerly it was believed that decaying vegetation and poisoned air emanating from swamps and marshes were the causes of malarial fevers. It was then believed that the draining of swamps and water holes and burning of vegetation caused the disappearance of prevailing malaria, but we now believe that, instead of the malaria and yellow fever being "in the air" and being transmitted by inhaling the supposed contaminated atmosphere, the water and vegetation were harboring the insects, which were the conveyers of the fevers, after having bitten an infected person.

Mosquitoes breed only in water, but I advise the cutting and burning of weeds and grass, as I have known brush in damp places to harbor them in large numbers. Whether they breed in these damp, muddy places, I can not say. It is quite probable they did not, but such weeds and brush should be cut and burned and all damp places or mud remaining should be oiled.

The mosquito does not travel far from its breeding place—not over a few hundred feet, perhaps—but, of course, may be carried before a strong wind much farther, and, of course, it may be carried from one infected community to another in railway cars, trunks, or boxes, therefore, you can see the necessity of disinfecting, for the destruction of mosquitoes, cars and packages which might contain mosquitoes. The disinfection of mail and small packages is unnecessary, as such articles can not harbor mosquitoes.

As cisterns, water barrels, tin cans, tubs, buckets, vases, are breeding places for the yellow fever mosquito if the water remains in these vessels long enough, the cisterns should be oiled (one-half ounce of refined petroleum put in a cistern twice a week will destroy the wiggletails, as the oil forms a thin coating over the surface through which the wiggletails can not breathe, and the oil in such quantity, which is entirely sufficient, will not injure the water for drinking or other purposes); and the smaller vessels should be emptied every forty-eight hours.

The stage or time of transformation of the wiggletail into the mosquito is probably regulated by the temperature of the water, and for that reason it is recommended that water be not allowed to stand in the summer months in any container more than two days.

As far as possible the breeding places of the mosquito should be destroyed. Where this is not practical, those places should be

screened and oiled. Put wire netting over cisterns, wells and water barrels. Water troughs should be emptied and cleaned every forty-eight hours, and oiling will not be necessary. Grass on lawns should be kept cut close and weeds and grass near rivers, creeks and ditches should be cut away all the time and the water kept oiled. Sewers may be breeding places for mosquitoes, and for that reason if every person would put as little as a teaspoonful of refined petroleum in each of their waste pipes daily, this would remove the sewers as a menace. Cesspools are known to be their breeding places, and should be treated to a bountiful supply of crude petroleum. Fountain basins and lily ponds should have gold fish in them, as they will destroy the wigglers as fast as they appear.

If you can do so, impress upon your citizens that every man, woman and child should feel a personal interest and responsibility for the destruction of mosquitoes, and make them understand that co-operation of all the people at the *same hour* in the same community is necessary to afford relief, and those of your citizens who fail to obey your sanitary ordinances should be made to pay the prescribed penalties. One neglected cistern can contain and breed enough mosquitoes to infect every person in the largest city in this State. One barrel standing for weeks in the hot summer sun partly filled with water, such as are frequently used in smaller towns, around mills and compresses for fire protection, will breed enough mosquitoes to infect every person in that entire town, so you readily see the necessity of uniformity in this work. Dr. C. W. Trueheart, City Health Officer of Galveston, suggests the use of one pint of crude carbolic acid in water barrels, which are used for fire extinguishing purposes. He advises that this amount of carbolic acid will destroy all wiggletails and serves the additional purpose of preventing laborers from polluting the water by washing themselves in it, and it is also a splendid deodorizer; this, I think, is a splendid suggestion. Ordinances should be enacted in every incorporated town in the State where they do not already exist, requiring the destruction of mosquitoes and their breeding places, and such ordinances should be vigorously and fearlessly enforced. If we can only make our citizens understand that a case of yellow fever can and will be securely isolated, and that measures will be taken just as soon as it is reported, to prevent other cases occurring, and if the adjoining towns will accept such precautions and have faith in the local authorities where the case occurs, we may greatly reduce the necessity of State quarantine.

Where the citizen does his duty by reporting to his family physi-

cian all cases of fever, and the physician does his duty by first screening, then reporting infectious and communicable fevers to the local health officer, and the local health officer does his duty by having the case immediately isolated, the premises and premises contiguous disinfected, then candidly report to the public that he has a case of yellow fever, and give the assurance that all necessary precautions have been observed, and instead of advising people to flee, give them assurance that measures have been adopted which will prevent the occurrance of other cases, and carefully watch all persons previously exposed, and upon the first appearance of increased temperature in any of them, treat them in the same manner, a quarantine by the State or by any community against that place will be unnecessary. A quarantine should be established only for the protection of the public health, and at times it must be very rigid, and whenever the fever gets beyond the control of the local authorities or the latter fails to perform their duties in placing proper restrictions over a case or become lax in any manner in the enforcement of sanitary regulations, or for any other good and sufficient reason, then the State will protect its citizens by establishing and maintaining a quarantine which will be as nearly prohibitive as can be made.

The public is justified in demanding and is entitled to a quarantine established for the protection of life and health. It is entitled to such protection, for the statutes of this State plainly prescribe it, and imposes upon the health and quarantine officials the duty of enforcing such proclamations as the Governor promulgates. Quarantine at all times entails great hardships upon the person quarantined, and generally the restrictions imposed necessarily impede traffic and cause great commercial losses. These restrictions are unavoidable, but are made for the protection of the public health, which at all times must be considered above traffic, commercialism, money or public opinion, which latter, at times, becomes very severe in its censure of the official who dares to do his duty. But we must always give due consideration to these hardships upon commerce and endeavor to maintain a rational and scientific quarantine which will amply protect the health and lives of our people, but at the same time permit the movement of United States mail, which does not require disinfection, and of freight, baggage, express matter and such articles as can be properly treated, so as to remove every danger of transporting the fever from one point to another, and for the detention, for a sufficient period of time, of persons who have been exposed to the disease.

A general State quarantine is not necessary where only a few cases occur, if proper precautions in those cases are taken, and you, gentlemen, I hope, will see the importance of this, and so advise your authorities and your citizens and urge them to not adopt the barbarous "shot-gun quarantine," which reflects discredit upon the community and the people who adopt such measures. The State of Texas will watch zealously every place of infection, and ample care will be taken to prevent the introduction of the disease elsewhere, and should numbers of cases occur at any point in the State, a most rigid quarantine will be inaugurated by the State for the protection of other communities.

I especially urge that you impress upon your citizens that a quarantine established by the State will give ample protection to them, and that under a State quarantine they will receive every protection. You may be assured that at no time will commerce be placed above the lives, health and peace of the people of Texas. Our primary object always is to protect the health and lives of our people. Other considerations are secondary, but on account of the changed conditions we must place our quarantine on a higher and more scientific plane than has been practiced in previous years.

Upon a recent visit to the Republic of Mexico, from which place we were infected last year, in company with the following well-known health officials: Dr. W. H. Sanders, State Health Officer of Alabama; Dr. John H. Purnell, member of State Board of Health of Mississippi; Dr. Edmond Souchon, president Louisiana State Board of Health; Dr. Arthur Nolte, member Louisiana State Board of Health; Dr. W. G. Owen, member Louisiana State Board of Health; Dr. C. P. Wertenbaker, surgeon United States Public Health and Marine Hospital Service; Dr. J. M. McKnight, State quarantine inspector at Laredo, Texas; we were most cordially received by Dr. Liceaga, who controls health matters and quarantine in Mexico, and secured the promise from him of immediate sanitary work in all infected places in that Republic which, if carried into effect, will forever exterminate yellow fever there. There is much work to be done there, however. It will take several years to accomplish what he proposes, and in the meantime our State will be continually menaced on the Rio Grande border, and, until yellow fever is permanently stamped out in Mexico, or certain measures which our Commission proposed to Dr. Liceaga are adopted, we will be compelled to maintain a quarantine against that country during the summer months, which will almost prohibit passenger traffic between the two Republics.

Commencing the first of April the State quarantine against Mexico will be effective, and inspection service will be maintained at each railway station entering the State from Mexico, both by the State Health Department and the United States Public Health and Marine Hospital Service. This service will continue all summer. I regret very much that, on account of the very small appropriation for maintenance of the Public Health Department of this State, we will be unable to maintain as large an inspection service as I think necessary. The funds appropriated for this department are now almost exhausted and will not last until the end of the appropriation year, which is August 31st.

I want to ask for the support and co-operation of every local health officer in Texas in the enforcement of such duties as may fall upon me should there be an outbreak of yellow fever in the State this year. Should your own city become infected, better results will be secured by harmonious co-operation between the State and local health officials. And I want to ask that harmony and good feeling prevail between the profession and the local health authorities in cities which may be so unfortunate as to be afflicted with infection, and the moral and active support of every good citizen should be given to the health officials, thus rendering him assistance instead of hinderance.

The public should remember that the health officer's position is the most disagreeable office to fill in the State Government in time of epidemics, and should remember that it is not the salary he is working for. Many local health officers in the State now are doing this service for a mere pittance, having no other object in view than that of protecting human lives, and he is always ready to do this at the risk of his own life and health. There were physicians in this State last year who gave up lucrative practices to enter the service of the State at Laredo for salaries of less than one-half what they were making, and worked as faithfully and valiantly as men ever labored in battle, for the lives of people whom they had never seen before, frequently working twenty hours out of the twenty-four. Such men are heroes, and many great battles of life against death were won by them, and no words of praise are too good for them. And I can not commend too highly the physicians of the United States Public Health and Marine Hospital Service, under Dr. G. M. Guiteras, who did such effective sanitary and relief work at Laredo. A greater hero never lived than the veteran Murray, who lost his life in such a tragic manner at Laredo. He was identified with every epidemic of yellow fever in the United States for thirty

years, and endeared himself to all classes of people by his untiring efforts, night and day, to alleviate their sufferings.

The press of the State, the great moulder of public opinion, is always active in suggesting sanitation, and I hope every newspaper in the State will take up the crusade now against the mosquito, and demand of the local authorities the enactment of such ordinances as will enable the local health officers to exterminate them. They are not only a menace to life, but annoying nuisances. All of our great daily papers publish column after column of interesting matter on this subject, and local health authorities should see that such reading matter is placed in the hands of their people as a means of educating them up to the necessity of sanitation.

I want to call your attention to the pamphlet recently issued from the Government printing office at Washington, written by Col. W. C. Gorgas, entitled, "A Few General Directions With Regard to Destroying Mosquitoes," which was recently reprinted in some of the daily papers of the State, and also to a paper recently read before the Bexar County Medical Society by Major Charles F. Mason, Surgeon United States Army, at Fort Sam Houston, entitled, "How Insects Carry Disease," and request that you read both. You will find them very instructive and interesting.

The United States Department of Agriculture last year issued a bulletin on the destruction of mosquitoes, which I reproduce, with a few changes, and which should be placed in the hands of every person in Texas for their information:

"You are responsible for the mosquitoes in your own house and dooryard. Read the rules carefully:

"1. Mosquitoes breed only in water; usually fresh, standing water in artificial places.

"2. Mosquitoes occur in the vicinity in which they breed. Invasions from long distance are exceptional.

"3. The young mosquito or "wiggler" lives in water at least ten or twelve days.

"4. Although the wigglers live in water, they must come frequently to the surface to breathe.

"5. Coal oil on the surface of the water prevents the wigglers from breathing.

"6. Destroy the breeding places and you will destroy the mosquitoes.

"7. Empty the water from all tubs, buckets, cans, flower pots, vases once every forty-eight hours.

"8. Fill or drain all pools, ditches and various excavations, as postholes left unfilled, etc.

"9. Change regularly every day all water needed in chicken coops, kennels, etc.

"10. Treat with coal oil all standing water which can not be screened or drained (one ounce of oil will cover fifteen square feet of surface). The oil does not affect the water for use if the water is drawn from below.

"11. Put wire netting over cisterns, wells and tanks of water in every-day use.

"12. Places in which it is undesirable to place oil, such as watering troughs for stock, lily ponds, etc., can be kept free of the wigglers by putting in gold fish. The nymphs of dragon flies and tadpoles of frogs also feed on the wigglers.

"13. See that the plumbing about the place is in perfect order. Prevent leakage of pipes or clogging of valves.

"14. Inspect all cesspools and see that the covers are absolutely tight.

"15. Clean away all weeds, grass and bushes about ditches, ponds and other possible breeding places, since these afford a hiding place for the adult mosquitoes.

"16. Clean up vacant lots and back yards of all cans, tins, bottles and rubbish.

"17. First do away with or treat all places where mosquitoes are known to breed, and then begin work on places where they might breed.

"18. As a citizen of your community you should feel a personal responsibility for the destruction of the mosquitoes in your district and seek to co-operate with your neighbors in the work of doing away with breeding places. Inspect and treat with coal oil, gutters, culverts, ditches, manholes, catching basins, etc., along the roadside. Manhole covers should be screened.

"19. Where oil is applied to standing water it must be distributed evenly over the surface. Use a hand syringe, or, if the area is great, a knapsack sprayer.

"20. Houses should be cleared of all winged mosquitoes by the burning of insect powder. The mosquitoes will fall to the floor, and should be collected and burned.

"21. Relief in any community or district depends entirely upon the co-operation of the members of the community."

I want to emphasize the following suggestions, requesting you to bend your efforts to their adoption immediately upon your return to your homes:

Have sanitary inspectors appointed and secure the services of inspectors who will inspect. Inspectors who will go to the front or back door of a residence and ask if the premises are in a sanitary condition usually meet with affirmative answers, and proceed to the next house. Such inspectors are worthless. He should request permission to enter and investigate the yards personally. Sufficient number of inspectors should be employed to visit each house twice weekly.

Have your city council enact an ordinance prohibiting the use of water barrels or prescribe penalties for persons using them without screening and oiling the barrels. Make it a penalty for any person to use barrels or other vessels for water who permit mosquitoes to breed in them.

Have your city council enact an ordinance requiring all old, unused cisterns and wells to be filled. The unused cisterns harbor mosquitoes all winter and are the greatest of all breeding places for them in the summer. Cisterns in use should be screened always and treated to oil as suggested before, but if you find objection raised to the use of oil, suggest that minnows or small fish be placed in them. They will feed on the wiggletails and eggs and prevent the production of mosquitoes. But under all circumstances use the extra precaution of screening the cisterns. Don't overlook the elevated cisterns and water tanks along the railways and around cotton gins and mills. Require those to be screened and oiled. Ordinary ponds and pools which never go dry and are large enough to contain fish are not breeding places for mosquitoes, as the fish destroy the larvæ, but all weeds, grass and brush around the edges of the water should be kept cut away. Such ponds, however, should not be permitted in a progressive city or town which is supplied with waterworks. All other places containing water should be drained or filled. If drainage or filling is not possible they should be kept oiled twice weekly.

If the above suggestions are carried into effect, yellow fever will not propagate or increase in any place as the *stegomyia* must prevail, and become infected from the human before he can infect others. If you have no mosquitoes in your community, you can invite yellow fever patients to come to your town without fear of it being communicated to anyone else.

Where the mosquitoes already exist, they may be destroyed by fumigation of houses. All the rooms should be tightly closed, paste paper over the cracks and openings, burn two pounds of sulphur to the one thousand cubic feet of space; keep the room closed eight

hours. If the room contains metals or fabrics which sulphur would injure, you can use pyrethrum powder in the same manner and same quantity, but as this powder does not kill the mosquito, but stupefies, it will be necessary after the room is opened to brush down the walls and sweep the floor, sweeping the mosquitoes into a fire.

Bear in mind that sanitation without the destruction of mosquitoes will avail nothing in preventing or exterminating yellow fever, but sanitation is necessary for the destruction of the breeding places of the mosquito, and preventing many other diseases as well.

Educate your people up to the necessity of screening every case of fever just as soon as it develops, no matter what the character of fever. This should be done not only to prevent the infection of the mosquitoes, but as a matter of personal comfort to the patient.

I hope those of you who have not done so will read the quarantine laws of Texas and familiarize yourself thoroughly with every statute bearing on the subject of quarantine, so that you will be enabled to make local regulations to conform to the statutes, as none others are legal, and therefore can not be put into effect, and bear in mind that the State Health Department has the interest of the whole State to look after, and whenever a regulation is made prescribing a quarantine against any city or locality, it is done for the protection of the balance of the State. I can not close my remarks without an expression of appreciation to the local health authorities throughout the State, and the medical profession together with the citizens generally, and the press who gave me such loyal support during the campaign against yellow fever in Laredo and San Antonio last year. If the fever comes again I can only repeat what was done last year, and endeavor, as I did then, to do my duty to my people.

Now, gentlemen, if you can return to your homes after today and impress upon your citizens the great, the pressing necessity of an active and immediate campaign against the mosquito, and get them to do the work, each one on his own premises, and the city and county authorities to undertake this work on vacant lots and on the streets and public highways, you will accomplish a great deal. The "Civic Clubs," composed of women of the State Federation of Women's Clubs, have done excellent work in some of the cities of this State in sanitary measures, and these noble women should be enlisted in a continuation of this work, and every man and woman in this State should drum sanitation and cleanliness into the ears of those in authority until our fair, and naturally healthy State will be ridden for all time of the "yellow scourge."

Nature has done much for us; let us put our shoulders to the wheel, put our hands, our heads and our hearts in this work, and forever and eternally exterminate yellow fever, so that never again will the cold hand of the saffron-colored demon close the eyes of our loved ones in death and make our people shudder and tremble with fear at the very mention of its name.

I thank you for attending this meeting. By your presence here today you evidence an interest in the great work before us. I want you to come again next spring—not only you who are here today but every other local health officer in Texas should come, and I want everyone of you to know that the State Health Department belongs to you, and that you are part of it, and I invite your advice and assistance at all times in the enforcement of the State quarantine laws.

Full and free expressions from everyone of you here today is desired on the subject before us.

Society Notes.

STATE MEDICAL ASSOCIATION OF TEXAS,

Thirty-sixth Annual Meeting, Austin, April 26, 27, 28, 29, 1904.

RESOLUTIONS ON THE DEATH OF DR. WEST.

Mr. President and Members of the Travis County Medical Society:

Dr. Hamilton Atchison West, the well-known and popular Secretary of the State Medical Association, died in New York, December 31, 1903. Your committee appointed to draft resolutions expressive of the sense of loss on behalf of the Travis County Medical Society, beg to submit the following:

Resolved, That in the death of Dr. West the medical profession, not only of Texas, but of the United States, has lost one of its most useful and accomplished members; the State Medical Association an efficient and popular secretary, and a staunch advocate and supporter of organized legitimate medicine; a defender of its ethics and champion of its highest and best principles; a zealous and intelligent worker in the practice of medicine; a friend and benefactor of the less favored; the State of Texas an honorable, able and high-minded citizen, and the members of this society, individ-

ually and collectively, a loyal friend and a pleasant and congenial companion. At the annual meeting of the State Association he

Yours Truly
H. A. West

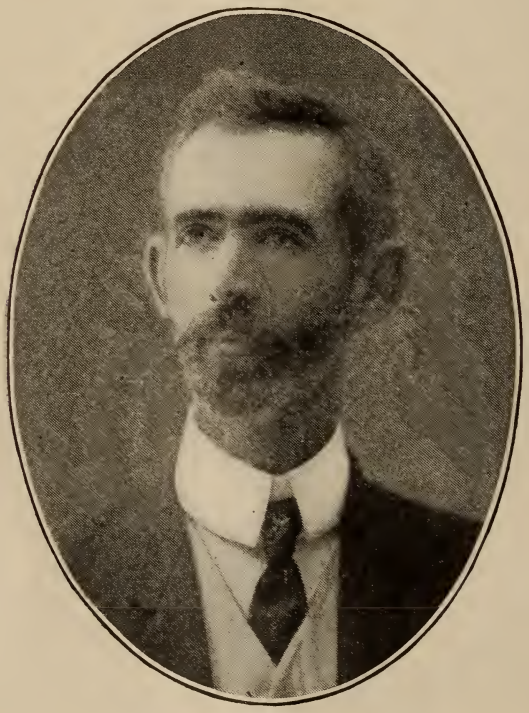
will be especially missed. There will be one vacant chair which can not be adequately filled, and around which will ever cluster the fondest memories and most pleasant recollections of his strong and

delightful personality. We deplore his loss more than words can express. To his bereaved family we offer our tender sympathy and condolence.

Resolved, That this resolution be spread upon the minutes of the society, and a copy be furnished all of the medical journals of the State for publication, and the family of the deceased.

Respectfully submitted,

F. E. Daniel,
T. J. Bennett,
M. M. Smith,
Committee.



DR. JNO. T. MOORE, GALVESTON.
Secretary, Texas State Medical Association.

PRELIMINARY ANNOUNCEMENT.

All the sessions will be held in the auditorium of the University of Texas. Take Main Line or Belt Line cars at depots, direct to University or hotels; no carriage needed.

Exhibits, pharmaceuticals, instruments, books, will be on first

floor in the vestibule and hallways of main buiding. No charge for floor space. Manufacturers are invited and urged to send representatives, and display their goods. A cordial welcome to all reputable manufacturing or sales houses and publishers.

THE HOUSE OF DELEGATES, consisting of delegates from county societies, will meet in lecture room of University at 2 p. m. Monday, April 25. Make a note of this; it is one day ahead of the regular meeting of the Association.

RAILROAD RATES. For 100 miles or less, round trip, one and one-third fare; over 100 miles, one and one-tenth fare.

HOTEL RATES. Driskill, $2.50 to $5, according to rooms. Two in a room, special rate to be made with manager or clerk; Avenue, $2; Hancock, $2; Sutor, (near depot, European plan), rooms $1 a day, meals 50 cents.

A BUREAU OF INFORMATION at University will be pleased to give all required information. Dr. Loving will be in charge. Stationery and desk at service of visitors; make self at home. Members of the Information Bureau will meet each train and direct visitors to boarding houses and hotels, etc.

Members and delegates are urged to bring their ladies with them. Arrangements have been made to make it pleasant for them.

A good lunch or a square meal can be had on the University campus at Brackenridge hall by those who prefer to not go down town to dinner; or they can get dinner or lunch at restaurants opposite the grounds. This is advised, as it saves time which can be profitably spent between morning and afternoon sessions, in visiting the many features of interest at the University, its several laboratories, art halls, library, etc.

MUSIC will be furnished by the Students' University Band during recesses, and the evenings of the addresses (see below.)

THE PRESIDENT AND FACULTY of the University are a committee of reception and will spare no pains to make the attendance pleasant and profitable. It will be an epoch-marking meeting.

THE "RED BACK" issues a souvenir edition to commemorate the reorganization of the Association. Sample copies can be had of the handsome young lady in the corridor at the sign of "The 'Red Back.'"

1. The meeting will be called to order Tuesday, September 26th, at 10 a. m. by Dr. T. J. Bennett, Chairman Committee Arrangements.

2. Invocation by Rev. Werlein, M. E. church.

3. Address of Welcome, City, Mayor White.

4. Address of Welcome, Medical Profession, Dr. F. E. Daniel.
5. Address of Welcome, Citizens, Rev. R. J. Briggs, M. D.
6. Address of Welcome, University, President Prather.
7. Response to welcomes, President Paschal.

* * *

President Paschal will then take the chair, and the session will open with the program, which has been issued by Secretary Moore, copies of which will be distributed at the registry table, with the badges. An elaborate program has been prepared, and some notable papers will be read. I do not publish it in full because it has already been mailed to members.

SOCIAL PROGRAM.

First Day—Tuesday.

8:30 p. m.—President's address, Dr. Frank Paschal.

9 p. m.—Annual oration, Dr. H. A. Barr, Beaumont.

9:30 p. m.—Informal reception by President and faculty, and excursions through the buildings and laboratories, etc.

Ladies are especially and urgently invited to be present. Music by the University Band.

Second Day—Wednesday.

4 to 6 p. m.—Reception by Governor and Mrs. Lanham. Ladies are especially expected.

6 to 8 p. m.—Reception at Seton Infirmary.

8:30 p. m.—Night session, section work.

Third Day—Thursday.

4 to 7 p. m.—Ladies' reception at the residence of Dr. G. H. Wooten, corner Nineteenth and Rio Grande Streets, by Mesdames T. D., G. H. and J. S. Wooten and Miss Wooten.

8:30 p. m.—Reception and ball at the Driskill. Joy will be unconfined, and youth and beauty will meet, and chase the glowing hours with flying feet, or words to that effect.

Fourth Day—Friday.

Election of officers, installation of officers. Program resumed. Section work. Adjournment to April, 1905.

* * *

Friday night the Travelers' Protective Association will tender State Medical Association members and ladies a grand reception and ball at the Driskill. We hope all will stay over and attend.

SETON INFIRMARY, AUSTIN, TEXAS.
In charge of the Sisters of The Order of St. Vincent de Paul.

G. F. TABOR
THOS. D. WOOTEN, President
W. J. MATHEWS.
FRANK Mc LAUGHLIN, Secy
S. E. HUDSON, V. Pres.
JOE. S. WOOTEN.
FRANK Mc LAUGHLIN.
J. W. Mc LAUGHLIN.

MEDICAL AND SURGICAL STAFF OF SETON INFIRMARY.

HON. WM. L. PRATHER, LL. D.,
PRESIDENT OF THE UNIVERSITY OF TEXAS.

Hon. Wm. L. Prather, LL. D., President of The University of Texas, was born at Chestnut Grove, the Prather homestead, near Paris, in Henry County, Tennessee, May 1, 1848. His father, Rev. Geo. W. Prather, a planter and local Methodist minister, removed with his family from Tennessee to Texas in 1854, and located on the Bosque in McLennan County, near Waco, Texas.

Here the boyhood of Dr. Prather was spent upon the farm, amid those scenes of luxuriant nature incident to the earlier days of Texas, which delight the heart and healthily unfold the faculties of a sturdy country boy.

Inheriting from virtuous parents a strong constitution, a sure basis was laid for large capacity to work. In the absence of public schools, he attended various private schools, the Bastrop Military Institute at Bastrop, Texas, in 1859-60, and from 1861 to 1865 was a student at Waco (now Baylor) University. In 1866, at the age of 18, he organized and successfully conducted a school at Alvarado, Johnson County, Texas, where the pupils ranged from 10 to 26 years of age. In 1867, attracted by the personality of Gen. Robt. E. Lee, he entered Washington College (now Washington and Lee University) at Lexington, Va., where he spent three years in pursuit of his academic studies, graduating in the Schools of Latin,

Greek, English, Mathematics, Philosophy, and History; and taking in his fourth year the two years' law course under the great lawyers, Hon. John W. Brackinridge and Hon. John Randolph Tucker. He graduated in 1871 and received the degree of Bachelor of Laws from Washington and Lee University. During the same year he was admitted to the bar of Waco upon the recommendation of Hon. Richard Coke, as chairman of the examining committee, and was engaged in the active practive of law at Waco, Texas, until 1899, when he was called to the presidency of The University of Texas, and removed to Austin.

From 1875 to 1878 Dr. Prather was City Attorney of Waco, and codified the ordinances of that city. He was successively elected

The University of Texas.

president of the Waco Bar Association and of the Texas State Bar Association, and during his years at the bar was engaged in many notable cases. From 1893 to 1898 he was master in chancery of the Houston and Texas Central Railway system, then in the hands of a receiver.

In 1887 he was appointed a regent of The University of Texas, and served this institution in this capacity for twelve years, being successively elected vice-chairman and chairman of the Board of Regents.

On November 4, 1899, Dr. Prather was elected president of The University of Texas.

In 1900 Washington and Lee University, his alma mater, conferred upon President Prather the honorary degree of Doctor of Laws. In the same year he was invited to deliver the commencement address at the University of Pennsylvania, and in the following year that University also conferred upon him the honorary

degree of Doctor of Laws. In 1900 the Texas State Medical Association elected Dr. Prather an honorary member of that body.

During the four years of President Prather's administration of the affairs of The University of Texas, the number of its students has increased from 800 to 1348 in all its departments, its museums have been enlarged, its laboratories equipped for successful teaching, and new buildings have been erected for the accommodation of its growing necessities.

With the increase of its popularity and usefulness, The University of Texas, under the guidance of President Prather, is gradually but surely demonstrating its capacity for leadership in all lines of learning and is destined to fulfill the high purpose of its creation.

MATTHEW M. SMITH, B. S., M. A., M. D., SECRETARY STATE BOARD MEDICAL EXAMINERS.

Matthew Mann Smith was born in Travis County, Texas, November 20, 1864, received preliminary education in the country pub-

lic schools, and graduated from the literary department of the University of Texas, receiving therefrom the degrees of B. Sc. and M. A. He obtained his medical education in Jefferson Medical College, in Philadelphia, Pa., graduating therefrom in 1891. Since graduation he has attended the New York Post-Graduate Medical School and Hospital. Dr. Smith was resident physician for the City and County Hospital in Austin for four years. He is visiting physician to the Texas Deaf, Dumb and Blind Asylum for Colored Youths, and has been physician for the past ten years to the Texas School for the Deaf. He is a member of the staff of the Seton Infirmary in Austin, a member of the American Academy for the Advancement of Science, the Texas Academy of Science, the Texas Historical Association, International Congress for Tuberculosis, the American Medical Association, Mississippi Valley Medical Association, and nearly all of the State medical societies. Dr. Smith delivered the alumni address at the University of Texas in 1894, and was orator for the Texas State Medical Assocation in 1899. He has contributed quite a number of scientific papers to the State Medical Association. He has served on legislative committees for a number of years from the State Medical Association, in the interest of obtaining laws for the establishment of a State Board of Health and medical laws. Dr. Smith is a member and is Secretary-Treasurer of the Board of Medical Examiners for the State of Texas. Dr. Smith is one of the most active workers in the cause of preventive medicine, and did some good and efficient work before the Legislatures of Texas, in securing the passage of the Medical Practice Act. He has been very active in promoting the successful reorganization of the State Medical Society. Dr. Smith has contributed some valuable literature on tuberculosis, and at the St. Louis International Congress will read a paper on the sanitarium treatment of that disease.

International Congress on Tuberculosis to Meet in St. Louis October, 3, 4 and 5, 1904.

HONORARY PRESIDENTS.

Lay.—Hon. John Hay, Hon. Gen. Russell A. Alger, Hon. Ex-Judge A. H. Dailey, Hon. Judge C. G. Garrison, Hon. Stephen B. Elkins.

Medical.—Prof. Dr. M. Benedikt (Vienna), Dr. A. N. Bell, Prof. Dr. Chas. H. Hughes, Gen. Presley M. Rixey, M. D., Gen. Nicholas Senn, M. D.

CLARK BELL, L. L. D., NEW YORK.
Ex-President Medico-Legal Society; Editor Medico-Legal Journal; Treasurer and Chairman Committee of Organization International Congress on Tuberculosis.

COUNCIL.

Moritz Ellinger, Esq., chairman; J. Mount Bleyer, M. D., N. Y. City; A. P. Grinnell, M. D., Vermont; H. Edwin Lewis, M. D., Vermont; Richard J. Nunn, M. D., Georgia; W. F. Drewry, M. D., Virginia; M. K. Kassabian, M. D., Pennsylvania; J. W. P. Smithwick, M. D., North Carolina.

OFFICERS.

President, E. J. Barrick, M. D., Toronto, Ontario; first vice president, F. E. Daniel, M. D., Austin, Texas; second vice president, ex-Chief Justice L. Bradford Prince, Santa Fe, N. M.; third vice president, Dr. Chas. K. Cole, Helena, Mont.; fourth vice president, Dr. Sofus F. Nelson, Pulman, Wash.; fifth vice president, Dr. A. M. Linn, Des Moines, Iowa; Secretary, Samuel Bell Thomas, 116 Nassau St., New York; treasurer, Clark Bell, 39 Broadway, New York.

The following Committee on Organization has been announced by Governor Francis, President of the World's Exposition:

Clark Bell, LL. D., Chairman, 39 Broadway, N. Y.; President Medico-Legal Society of New York.

E. J. Barrick, M. D., Toronto, Ontario; President of the American Congress on Tuberculosis.

A. N. Bell, M. D., N. Y., Editor *Sanitarian;* Honorary President of the Congress.

J. Mount Bleyer, M. D., New York; Vice President of the Congress.

Hon ex-Judge Abram H. Dailey, Brooklyn, N. Y.; Honorary President of the Congress.

F. E. Daniel, M. D., Austin, Texas; First Vice President of the Congress; Editor of the TEXAS MEDICAL JOURNAL.

Thomas Darlington, M. D., Kingsbridge, N. Y.; ex-Treasurer Medico-Legal Society; President N. Y. City Board of Health.

W. F. Drewry, M. D., Petersburg, Virginia; Vice President of the Congress; Member of Council.

Hon. Moritz Ellinger, New York; Corresponding Secretary of the Medico-Legal Society and Chairman of the Governing Council.

A. P. Grinnell, M. D., Burlington, Vermont; First Vice President of the Medico-Legal Society of New York.

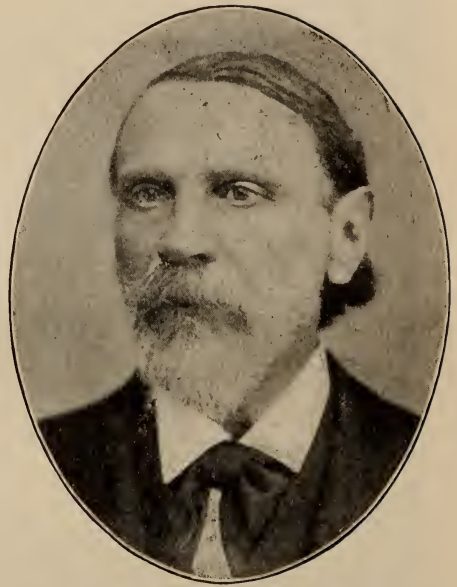
Prof. Dr. C. H. Hughes, Honorary President of the Congress, St. Louis, Mo.

M. K. Kassabian, M. D., Member of Council, Philadelphia, Pa.

Group of Officers of the Congress on Tuberculosis.

PROF. C. H. HUGHES, M. D.
Honorary President.

E. J. BARRICK, M. D.
President, Toronto, Canada.



PROF. M. BENEDIKT, M. D., VIENNA.
Honorary President.

F. E. DANIEL, M. D., AUSTIN, TEXAS.
First Vice-President.

A. N. BELL, M. D., BROOKLYN, N. Y.
Honorary President.

SURGEON GENERAL NICHOLAS SENN.
Honorary President.

H. Edwin Lewis, M. D., Burlington, Vt.; Editor *Vermont Medical Monthly;* Member of Council.

W. F. Morrow, M. D., Secretary State Board of Health of the State of Missouri, Kansas City.

Richard J. Nunn, M. D., Savannah, Ga.; Member of Council.

W. B. Outten, Chief Surgeon, M. P. System, St. Louis, Mo.

Surgeon General Nicholas Senn, Chicago, Ill.; Honorable President of the Congress.

John H. Simon, M. D., Health Commissioner, St. Louis, Mo.

J. W. P. Smithwick, M. D., La Grange, N. C.; Member of the Council.

G. R. Tabor, M. D, State Health Officer and Surgeon General, Austin, Texas.

Drs. Tabor, Jno. T. Moore and T. J. Bennett are Honorary Vice Presidents of the Congress.

Delegates to the International Congress on Tuberculosis, St. Louis, October 3, 4, 5, 1904.—The Texas members of the Committee on Organization, by authority of a resolution adopted by the Committee and the Executive Council, have submitted the following names for appointment as delegates from the medical profession of Texas for the State at large: Dr. M. M. Smith, Secretary State Board Medical Examiners; member of the Tuberculosis Congress Committee of Censors, Austin, Texas; Dr. H. K. Leake, Dallas; Dr. J. J. Robert, Hillsboro; Dr. J. E. Gilcreest, Gainesville; Prof. J. F. Y. Paine, M. D., Medical Department University of Texas, Galveston; Prof. J. W. McLaughlin, M. D., Medical Department University of Texas, Galveston; Dr. W. H. Allen, Marlin, Texas; Dr. E. S. Cox, Galveston, Texas; Dr. M. B. Grace, Seguin, Texas; Dr. James Lovett, Liberty, Texas; Dr. J. D. Jordan, Madisonville, Texas; Dr. Paul M. Raysor, Bryan, Texas; Dr. G. M. Abney, Franklin, Texas; Dr. E. E. Guinn, Rusk, Texas; Dr. P. L. Campbell, Dallas, Texas; Dr. J. H. Alexander, Meridian, Texas; Dr J. F. Edwards, Denton, Texas; Dr. G. B. Foscue, Waco, Texas; Dr. H. W. Cummings, Hearne, Texas; Dr. B. M. Worsham, Superintendent State Insane Asylum, Austin; Dr. Marvin L. Graves, Superintendent State Insane Asylum, San Antonio; Dr. Jno. S. Turner, Superintendent State Insane Asylum, Terrell; Dr. John Preston, Superintendent Epileptic Colony, Abilene; Dr. C. H. Wilkison, Comfort; Prof. Bacon Saunders, M. D., Dean Medical College, Fort Worth; Dr. Irvin Pope, Tyler; Dr. P. C. Coleman, Colorado City; Dr. Geo. H. Lee, Galveston; Dr. W. G. Jameson,

Chief Surgeon I. & G. N. R. R., Palestine;; Dr A. C. Scott, Chief surgeon G., C. & S. F. R. R., Temple; Dr. A. C. Smith, Chief Surgeon Cotton Belt Railroad, Tyler; Dr. R. W. Knox, Chief Surgeon S. P. System, Houston; Dr. S. E. Red, Chief Surgeon H. & T. C. R. R., Houston; Dr. W. A. Duringer, Chief Surgeon ————, Fort Worth; Dr A. Garwood, New Braunfels; Dr. J. A. Rawlings, El Paso; Dr. D. R. Fly, Amarillo; Dr. W. E. Fowler, Prison Physician, Huntsville; Dr. Boyd McCornick, San Angelo; Dr. W. R. Blaylock, McGregor; Dr. B. F. Kingsley, San Antonio.

The St. Louis Congress on Tuberculosis.

Open Letter From Professor Maurice Benedikt of Vienna, to Mr. Clark Bell for the American Journals, the Public and the Medical Profession of America.

Clark Bell, Esq., Chairman Committee on Organization, etc., New York.

My Dear Sir: I am extremely distressed to learn from your letter that some dissension has occurred between the Medico-Legal Society, which has organized the Congress, and a number of the medical profession. As a foreigner I can not know the reason of the discontent of your medical profession. I can not believe that the circumstance that the Congress was summoned by a society which is not exclusively a medical one, is the main reason of this discontent. No person doubts that misery is the principal source of Tuberculosis, and as it is an historical truth that prevention is better than cure, and as we may be sure that this truh is also prophetic, we must say that the prevention of misery is the most efficacious help for tuberculosis. Prevention of social misery is surely not a special task for physicians.

To abolish misery we should raise the conditions of family homes of the poor to make f. e. cleanliness possible and to accustom the poor to it. We ought to protect them from the use of infected bedding and body-linen. We should save the wretched from the injuries of cold and heat, from starvation, from prostitution through misery, from alcoholism through despair, etc.

For these duties the collaboration of philanthropists of the representatives of communities, countries and States. We need money and laws for that purpose. We need f. e. a law to be able to separate an infectious phtisic from his family even against his own will. But we are then obliged to compensate the family for the

loss of his earnings, if through such loss his relatives are in danger of perishing of misery.

The medical profession could not supply these duties from their own economical means.

I hope to prove at the Congress that the protection of tuberculosis individuals and principally in light cases must be quite another than that of phtisics and that we need for the protection of the first class of patients a widely organized patronage. It is principally for phtisics that we need special and hospital-liking sanitoriums. The idea of these institutions is a merit of the medical profession; the execution of this idea is a matter for society, which should, before all, resolve the economic problem. One needs for this institution not only the collaboration of physicians, but also that of architects, of technical men and of administrative talent. Good and wholesome water becomes then a fundamental exigence; to supply it we need the collaboration of geologists and of technical men.

In reference to all these indispensable collaborations, the model British Congress on Tuberculosis was summoned not only by doctors, but also by "laymen," and these were invited; not only the medical authorities, but also representatives of the Government, the mayors of cities, members of Parliament, philanthropists, etc. And they were present, and this presence is necessary; it makes them zealous partisans by means of immediate impression. But not only this Congress was not specially professional. The Congresses on Criminal Anthropology unite the heads of juridical and biological science, pedagogues, administrative, author, and philanthropists, the same elements you find at the Congresses of Patronage.

You can imagine a Psychological Congress without biologists, or would a Congress on Statistics be possible without the collaboration of physicians, judges and administrators?

We think that the high scientific schools must represent the *Universitas scientiarum;* the more before all the Congress on Tuberculosis must represent the *Universitas Societatis humanæ.*

But I feel myself impelled from the interior of my intellect, but in no way from the interior of my heart, to reproach you for having elected me as honorary president and for having given me an isolated high place which does not correspond to my scientific position in the question of tuberculosis. I am, to a certain degree, an outsider in this question, and it may be that I should never have written a word about this matter. I had not been invited to collaborate for

the British Congress. I took that as consultation of my British colleagues and I communicated to them then my personal experiences and my own ideas on the matter. There are many scientific men who have made eminent researches and experiences about tuberculosis, and with them I can not compare myself with merit. I place my dignity as honorary president at your disposal while remaining profoundly touched by your kindness. I shall come to the Congress also as a simple member, before all, because I think I may have to tell you one or another thing which might not be told by anyone else. I shall come not only on account of the interest I take in the Congress, but also for other reasons.

Since my youth I have had the desire to see the United States with my own eyes, and, above all, to become acquainted with its citizens, its learned men, its medical profession and its institutions. My interest in the American medical profession was awakened many years ago by your dentists. I said to myself: "Behind those teeth there are good heads." As my knowledge of American authors increased I was confirmed in my conviction that it is so.

In general I am of opinion that from the United States will come a complete renaisance of modern social life. You have profited by all the traditions of European nations and you do not suffer from the drawbacks of these traditions which weigh so heavily on European evolution. In your whole life and, therefore, in your institutions, individual intellect and energy of will have ample scope for plenty of evolution. The multitude of representative parliaments afford opportunity for all sorts of social improvements and of legal reforms without being hampered by the fatal social organization of different classes as on the Old Continent.

The rich evolution of individualism has created in America a highly interesting species of gentlemen. In Europe every progress is an outcome of the "schools." You have an original species of men, whom I should name the problemists. In technical questions they form a "profession of inventors;" also in science it may happen that a gentleman is stroked by a problem. They may be not enough prepared scientifically. Then they appropriate to themselves as self-made men the necessary knowledge and the necessary dexterity for the solution of the problem.

I hope to be able to shake hands with one or the other of them and I say to you, my dear sir, *au revoir* a St. Louis.

Yours faithfully,

PROFESSOR M. BENEDIKT.

THE

TEXAS MEDICAL JOURNAL.

AUSTIN, TEXAS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITED AND PUBLISHED BY
F. E. DANIEL, M. D.
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ASSOCIATE EDITOR:
WITTEN BOOTH RUSS, M. D., San Antonio, Texas.

Published Monthly at Austin, Texas. Subscription price $1.00 a year in advance.
Eastern Representative: John Guy Monihan, St. Paul Building, 220 Broadway, New York City.
Official organ of the West Texas Medical Association, the Houston District Medical Association, the Austin District Medical Society, the Brazos Valley Medical Association, the Galveston County Medical Society, and several others.

THE BIG MEDICAL CONVENTION. THE WORK BEFORE IT.

The Red Back's Platform.

On the 26th of this month there will assemble at the Capital of Texas, the greatest State in the Union, not less than a thousand representative Texas physicians. It will mark an epoch in the history of the State Medical Association. Indeed, that organization is now, for the first time, a State Medical Association in fact, as well as in name. There was something radically wrong in the old organization, as it was found impossible, after twenty or thirty years of zealous and persistent effort, to effect union and cohesion, and the active membership ranged from three to four hundred only. Under the reorganization, which makes organization of county medical societies and membership in the same essential to membership in the State and National Association, and constitutes said county societies an integral part of the State Association, the membership has run up within a year to something like 2500. We assemble this month for the first time since the reorganization. The day is near when to not be a member will make one unpleasantly conspicuous.

This renewed interest and awakening of the medical profession has attracted the public attention, and looking to this great association of physicians and sanitarians for guidance and advice in the

matter of protection of the public health, the people will, I think, actively aid and support its laudable efforts in that direction. Indeed, I have been assured by representative men and leading members of both Houses of the Legislature that when the State Medical Association agrees upon any measure needed for the protection of the public health and asks for it, it will be enacted. One trouble heretofore has been unfortunate dissensions as to the *means* proposed for definite ends,—the ends being agreed upon,—say in any reform for the prevention of disease. That is what killed the admirable and comprehensive public health bill prepared by the State Medical Association's committee in collaboration with the State Health Officer last session; the committee could not agree upon the means to ends. The bill was killed by dissenting members of our committee, as is well known.

* * * * * * * * * * *

But before we can hope or expect legislation for preventive measures against diseases other than those now guarded against by our quarantine laws, the people must be made aware of the dangers of using contaminated water, of sleeping in disease-infected sleepers, hotels, boarding houses; of damp premises, of ill-ventilated sleeping and living apartments, of neglect of vaccination, of trusting to faith-healers, and "drugless" ignoramuses; and understand that the causes of many diseases can be avoided and the diseases prevented, and that their co-operation with, instead of opposition to, the health authorities, is necessary for their own protection. When an enlightened public sentiment is awakened, and the necessity of sanitary legislation is understood, there will be a power behind the legislators that will be effective. But how to enlighten the people is a problem. Most newspapers will not publish articles on the subject, and the masses never see medical journals. One provision in the Public Health Bill presented last Legislature was intended to cover this point. It authorized the State Health Officer to have printed and disseminated the essential information, as is done by the States of Illinois, Michigan, Massachusetts, Oregon, and others, and providing money to pay for the same; for it requires both money and authority to do this. It has been suggested that the State Medical Association do it. This, I think, is asking a little too much; but I make the suggestion, and submit it for consideration. A few hundred dollars annually would pay for a vast amount of literature along these lines; and these few hundred dollars might be put into the hands of the Association's Committee on Medical Sanitation and Public Health.

* * * * * * * * * * *

THIS CONVENTION should discuss the question of quarantine in light of the now established fact that a certain species of mosquito is the principal disseminator and perpetuator of yellow fever. That there are other methods of spreading the disease is probable, to say the least, and in the present state of uncertainty on that point, the JOURNAL thinks it would be unwise, and perhaps unsafe, to neglect precautions against other possible methods of introduction. The people of Texas are not yet ready to entirely give up quarantine against persons and things from epidemic countries.

* * * * * * * * * * *

THE JOURNAL for twenty years has been the champion and defender of the best interests or organized, legitimate medicine. It has fearlessly denounced all forms of quackery and shenanegan, in and out of our ranks, and has ever stood for the highest standard of professional character. It has fought for sanitary reform and legislation in the interest of public health, and has preached the gospel of cleanliness, ventilation, sunshine, pure water and pure air. These are *the life essentials;* and, while there has resulted very little that is tangible, this persistent preachment has doubtless helped to create a public sentiment that will soon be felt in such laws as are necessary to make it effective.

* * * * * * * * * * *

THE TEXAS MEDICAL JOURNAL (to somewhat recapitulate) advocates:

Locating the Texas State Medical Association at Austin.

Enrollment of every reputable regular physician in the State as a member of the State Medical Association.

A State Board of Health for making and executing sanitary laws for the prevention of all kinds of disease.

A Bureau of Vital Statistics in charge of a medical statistician, as Registrar.

A sanitarian on the Railroad Commission.

Compulsory vaccination; especially in schools.

Organization of the Texas railroad surgeons.

Oragnization of a State society for fighting consumption, as auxiliary to the International Congress on Tuberculosis.

Repeal of the anti-cocaine law.

Holding on to detention in camp and fumigation till further proof that the mosquito alone is the danger of yellow fever. But abolish the quarantine of nonintercourse that stops traffic and travel.

The preaching by every individual physician to his clientele of

the gospel of cleanliness; pure air, *unpolluted water,* sunshine, ventilation, drainage, moderation in eating, the avoidance of alcoholics and narcotics; frequent bathing.

The introduction into all schools of text-books on sanitation, and especially with reference to these features.

Let us all work together for these reforms, that our descendants, at least, will be protected from dangers that now destroy so many people. Selah!!

* * * * * * * * * * *

THE MOST PRESSING SANITARY NEED is the introduction of waterworks and sewers in our smaller towns and the abandonment of seep wells and privy sinks. The latter are the principal source of typhoid fever.

A SANITARIAN ON THE TEXAS RAILROAD COMMISSION.—Who that reads this has not traveled in one of even the most luxurious chair cars on a bright day and found every window closed as tight as wax; and the steam heater going full tilt? It is disgusting; it is exasperating; it is uncomfortable; it is dangerous; it is deadly! What are you going to do about it? Appeal to the conductor is useless; appeal to the boss—the porter—is worse. He will not only not open up, but he will wither you with a scornful look or dismiss you with a half-muttered refusal. I asked the State Health Officer if there was no way to induce or compel the railroad people to ventilate the cars, and he said he knew of none. It seems to me that there should be an organization of the railroad surgeons in Texas, and they should insist upon sanitation being made effective in the interest of public health. Surely the management of the roads will listen to their surgeons. I suggest that at the meeting on the 26th inst. the railroad surgeons get together and organize. Nearly every railroad surgeon in Texas is an active, zealous member of the State Association, and I know them personally, and I know they are anxious and zealous to do all in their power to improve the sanitation of their respective roads. If the evil of dirty cars, spitting on the floor, closed air-tight, day and sleeping cars superheated, infected upholstery and trappings, and other unsanitary conditions and things can not be remedied by the State Health Officer, or by the railroad surgeons, the JOURNAL suggests that the State Medical Association memorialize the Legislature to amend the law so as to put a sanitarian on the Railroad Commission, who shall make rules and enforce them for the protection of the health of the traveling public. The Commission regulates

everything else; the protection of the health is the most important. Let members and delegates consider this suggestion.

* * * * * * * * * * *

I have come to believe that dengue and yellow fever are identical, differing only in degree. I believe that McLaughlin's opinion (see "Red Back," January, 1904.) that the yellow fever poison is weakened, attenuated, thus accounting for the "wild cases," and small mortality as compared with former years, is correct. But those "wild cases" are usually diagnosed as dengue, and the damage is done before the wolf is recognized in the sheep's skin.

Repeal of the Anti-Cocaine Law.—Dr. J. E. Mayfield, of Nacogdoches, has a strong letter in this issue urging the repeal of the cocaine law, as it is called. I endorse what he says, and I think the State Medical Association, at its meeting this month, should adopt a resolution memorializing the Legislature to repeal the act. It is inhuman, and works not only a hardship and suffering on many unfortunates, but is an injustice to our legitimate vendors of drugs, and to the country physicians. It really increases the evil. The bill puts it absolutely out of the power of one of the unfortunates to procure the drug he uses from any physician or druggist. He must have it. It is life or death in many cases, and in all cases it entails most exquisite suffering to be suddenly and completely cut off from the accustomed drug. It has led to insanity. The suffering is torture. Only a physician who has seen it, can have any idea of it. In Austin, when the bill first went into effect, there were many pitiful, distressing scenes, and for ten days or more the jails were full of raving, yelling maniacs. The local papers commented upon the great increase of insane prisoners, without suspecting the cause. About Austin the privation didn't last more than about ten days, because speculators—adventurers, negroes and unknown whites got in supplies by express, and finding out (an easy matter) the habitues and the kind of drug used, made and now make it a business of supplying them with their drug, under various names, "white wings," "angel powders," etc. The evil has not been diminished, but increased, and the sale of the drug has only been transferred from licensed druggists to prostitutes and other irresponsibles.

I am of opinion that the bill originated with Dr. Tabor. Its object is good; it is well meant, but it overshoots the mark. After its passage and after it was submitted to the Governor, I protested against it, especially section 3, as inhuman, and said I thought the

Governor should veto it. I made the same protest to Representative English, who fathered the bill, and to Mrs. Stoddard, president Woman's Christian Temperance Union, who backed him. She sent for me and asked my opinion of it. I said, "It is inhuman, will entail great suffering, will do no good, but much harm, and ought not to pass." I hope Dr. Mayfield or some one else will bring it up in the Association and let us try to get it repealed. The poor habitues can not have sanitarium or any other treatment and be "cured." They must have the drug to which they are accustomed, or die, or suffer untold misery and be utterly unable to work, and they will have it, if they have to steal it or commit murder to get it.

Correspondence.

Letter From Dr. Johu A. Wyeth.

New York City, March 15, 1904.

Dr. F. E. Daniel, Editor Texas Medical Journal, Austin, Texas.

Dear Doctor: The medical profession of Texas is to be congratulated upon the successful reorganization of the State Association with its increased enrollment of active members of 2200 as against 386 for last year.

The enthusiasm to which this testifies is spreading with encouraging rapidity over our entire country. After many years of dissension and separation into hostile camps which have done much to retard medical advancement in New York State, the two strong organizations—the old Medical Society of New York, and the New York State Medical Association—have put aside their differences, and, by compromise, met on common ground, where union has been effected. This brings practically ten thousand practitioners of medicine in the Empire State into one State organization, and these all eligible to membership in the American Medical Association. The influence of a profession so organized in each county and congressional district and State, and these all represented in the powerful national organization, will be very great, and if properly and tactfully used will be of inestimable benefit to science and humanity.

One of the honors bestowed upon me early in my career, and which I prize as among the greatest compliments I have received from my professional brothers, was the honorary membership in

the State Medical Association of Texas. This with the ties of personal friendship with hundreds of physicians in your State whom it has been my pleasure and good fortune to know, binds me closely to the profession of the Lone Star State.

With kindest wishes,

JOHN A. WYETH.

No Stegomyia Fasciata at San Antonio or Laredo.

SAN ANTONIO, TEXAS, March 15, 1904.

Dr. F. E. Daniel, Editor and Publisher Texas Medical Journal, Austin, Texas.

DEAR DOCTOR: I herewith hand you for publication an extract from the Supplement United States Health Report made by L. O. Howard, Ph. D., Chief Entomologist United States Department of Agriculture; Honorary Curator of Insects, United States Museum; Consulting Entomologist, United States Public Health and *Marine-Hospital Service.* This report emanating as it does from the best authority in America on the yellow fever mosquito, sets at rest for all time to come any question as to whether we had yellow fever in San Antonio in 1903.

The quarantine was established in San Antonio October 20, 1903, and raised November 15, 1903. The date of this report was two days before the raising of our quarantine, consequently Dr. Howard had ample opportunity to satisfy himself that San Antonio had no yellow fever mosquitoes, as Dr. Tabor and Dr. Murray had been fighting the mosquitoes, supposing that they were yellow fever mosquitoes, in San Antonio from the 15th of October to the 13th of November, 1903, and the health officers, both State and city, were exhibiting what they called the yellow fever mosquito during that time; therefore, if we had no yellow fever mosquitoes up to two days before our quarantine was raised, we had no yellow fever during that time, according to the theory of both Drs. Tabor and Murray and the physicians in San Antonio who were endorsing that theory.

You will observe that Dr. Howard does not only exclude San Antonio from the list of places having the yellow fever mosquitoes, but also Laredo and Monterey, Mexico, in the report on the yellow fever mosquito.

When the tax ridden citizens of San Antonio and Laredo reflect that the expensive campaign cost the two cities in the neighborhood of $35,000 to fight an imaginary yellow fever mosquito, it is enough

to disgust them in the future to the extent that they will not be willing to be taxed for the purpose of again establishing a fund to be wasted by a misdirected effort.

The report reads as follows: "In my book on mosquitoes, published in 1901, I gave the then known distribution in the United States as follows:

"In the United States it is common in most of our Southern States. I have seen specimens from New Orleans, La., Nacogdoches, La., and Napoleonville, La.; East Texas, Hot Springs, Ark.; Pelham, Ga.; Virginia Beach, Va.

Since that time many new localities have been discovered, and our present knowledge of the exact localities may be tabulated as follows (those from without the United States being our own records additional to those of Teobald):

United States. Virginia: Virginia Beach; Kentucky: Lexington; Illinois: Cairo; Tennessee: Nashville; Arkansas: Hot Springs; Louisiana: Ruddock, New Orleans, Baton Rouge, Napoleonville, Hammond, Shreveport, Franklin; Mississippi: Pass Christian, Summit, Quarantine Station, Biloxi; Georgia: Atlanta, Pelham, Augusta, Savannah, Brunswick; Florida: Barancas, Key West; Texas: *Galveston, Houston, Victoria, San Diego, Tyler;* South Carolina: Charleston, Sullivan's Island; California: San Diego, Angel Island (Carter); Maryland: Baltimore (Carter), breeding in fresh water on fruit wharf; North Carolina: Beaufort, Winston.

Mexico. Tampico, Acapulco, Guanahuato, Frontera, Vera Crux, Pas Paz (Lower California), Coatzocoalcos, Pachuca, Tuxpan, Nautla Tlacotalpam, Mazatlan, San Blas, Carmen, Cozumel, Champoton, Perinhuete, Pas Penas.

AMOS GRAVES, M. D.

Editor Texas Medical Journal:

THE NEW LAW ON OPIUM, MORPHINE, COCAINE, ETC.—The law passed by the last Legislature of Texas to regulate the use, but really intended to prevent the abuse of narcotics, is a disgraceful monstrosity in many respects.

First, it is awkwardly worded, ungrammatical, and shows ignorance in medicine, besides being vague in meaning.

Second, it makes no provision whereby a physician can lawfully obtain the prohibited medicine in the State, to use in practice, no

exception as to sale to physicians or any person for any purpose in any emergency. A regular prescription is the *sine qua non.*

Third, it is cruel in the extreme, showing ignorance of the fact that the unfortunate victims of the habit should have pity and sympathy, and that they do not indulge from choice, but from awful necessity.

Fourth, the law not only fails in its object of prevention, but it creates necessity for lying, stealing and law breaking to supply the terrible need.

Fifth, it compels the physician and the druggist to turn the marble heart to poor sufferers who painfully beg for relief, not mental, but physical, or else violate or evade the law against sale to habitues or others, regardless of need.

Now, in the name of humanity, reason, science and decency, will not Dr. Tabor or some merciful hygienist join me in asking the State Medical Association to express their disapprobation of this law and ask that it be repealed or amended? Surely it must have been passed inadvertently and hastily in response to mistaken sentiment. Experienced physicians all know that the drug habit is not a matter of mental choice, but physical necessity. Legislation is not the remedy, and is a questionable route. The drug is still obtained and ever will be by fair means or foul. The law is absurd, and should either be repealed or amended in accordance with medical science and hygiene.

J. E. Mayfield, M. D.

Nacogdoches, March 17, 1904.

An Act to regulate the sale of cocaine and other drugs; to regulate the issuance of prescriptions for such drugs; to require persons selling such drugs upon prescription to file same and keep it subject to the inspection of the public, and to provide penalties for the violation thereof.

Section 1. *Be it enacted by the Legislature of the State of Texas:* That if any person in this State shall sell, or cause to be sold, give or cause to be given, any morphine, opium, cocaine, chloral, or any of the derivatives thereof, except upon the written prescription of a practicing physician, authorized by law to practice medicine in this State, shall be fined in the sum of not less than $25 nor more than $250, and in addition thereto may be imprisoned in the county jail not exceeding six months, or by such fine without the imprisonment.

Sec. 2. Any person in this State who shall sell, or cause to be

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sold, give or cause to be given, to another, any opium, morphine, cocaine, chloral, or any of the derivatives thereof, upon a prescription by a practicing physician authorized by law to practice medicine in this State, shall file such prescription in a well-bound book, to be kept for such purpose, and shall keep the same subject to the inspection of the public; and any such person so selling such drugs mentioned in the preceding section, and failing to so file the prescription upon which the same is sold, and to keep the same subject to the inspection of the public, shall be fined in any sum not less than $10 nor more than $100.

Sec. 3. Any physician or other person, who shall give any prescription mentioned in the preceding sections to any person known to be an habitual user of the same, except in cases of actual sickness, shall be fined in any sum not less than $25 and not more than $250, and in addition thereto may be imprisoned in the county jail not exceeding six months, or by such fine without imprisonment; provided, that this act shall not apply to proprietary medicines sold by druggists or others, containing any of the drugs or the derivatives thereof, such as are mentioned in Section 1 of this act; provided, such drugs, or the derivatives thereof, be not compounded and sold for the purpose of the evasion of this act; provided further, that it shall be unlawful for any druggist or other person to refill any such prescriptions such as are mentioned in Sections 1 and 2 of this act.

Sec. 4. Povided, however, that this act shall not apply to the sale of any of the drugs mentioned in the preceding sections, to the sale of drugs by wholesale druggists to retail druggists, nor to the sale of stocks of drugs.

News and Miscellany.

House of Delegates.—Let it be remembered that the House of Delegates—the executive or business part of the Medical Association—is composed of the delegates elected by the several county societies. They must be in Austin the day before the general sessions begin, to organize and get to work. They will meet at the University at 10 o'clock Monday morning, April 25th. Take Main Line or Belt Line cars at railroad depot or anywhere on Congress Avenue.

Members and Delegates and their ladies who will attend the big Medical Convention will find in our advertising page repre-

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sentative leading houses in many lines of business. It will pay to postpone purchases until arrival in Austin, where they will find full stocks and attractive prices in every line of merchandise.

IN MEMORIAM.

On the evening of January 19th last, just as the sun was sinking to rest beyond the western hills, our old friend, Dr. H. W. Dudley, quietly entered upon his eternal sleep. Peacefully, and as gently as the little babe rests upon its mother's bosom, his spirit passed into "the great beyond."

For twenty-two years Dr. Dudley had been one of the foremost physicians in Hill County, and during that time many honors had been bestowed upon him. As we pause to reflect, it is indeed impressed sadly upon us how rapidly time is hurrying us onward. It seems only a brief period since we first knew him, a courtly, handsome young physician, whose presence in the sick room always brought good cheer and happiness; whose slightest touch seemed to possess more than magic. His attainments were of a very high order, and coupled with his native skill and tenderness, seemed to declare that he was born to be a doctor.

Several years ago he had abandoned active practice on account of failing health, but his numerous friends, devoted and importunate, would not allow him to remain idle, and the announcement of his death brought genuine sorrow to the entire community.

As we turned away from his silent couch we could but feel that another of the brightest physicians in our ranks had laid down his armor.

His wife and three children who remain to miss him, will, I am sure, have the kindest sympathy from countless friends here and elsewhere.

God grant that he may rest in peace. R.

Hillsboro, Texas, February 15, 1904.

The "Red Back's" table in the rotunda of the University at the foot of the grand stairway leading to the auditorium will be presided over by Miss Kate Hicks, who wants to see every doctor who is so unfortunate as to not be a subscriber, and give him a copy of this number, and a receipt for a year's subscription. She

Tyree's Antiseptic Powder

DOCTOR, this is pre-eminently the age of ANTISEPSIS, but the problem is how to secure that in a manner at once the most convenient and harmless, and at the same time accompanied by such an effect upon the tissues as to lead to rapid healing.

In Tyree's Antiseptic Powder you will find a combination so skilfully made that it is destructive to pathogenic bacteria, and yet bland and unirritating to the most delicate mucous membrane, and its application is accompanied by such a mild degree of stimulation and astringency as to promote the rapid healing of the tissues with which it comes in to contact.

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wants to give a receipt also to every subscriber who is in arrears, or whose time has expired. Every fellow will know; bills have been sent to all. She will have a few copies also of the original edition of "Daniel's Recollections of a Rebel Surgeon" for sale at $1. Don't all speak at once, as there are only about twenty-five.

Against Patent Medicine Portraits.—A bill has been introduced into the New York Assembly, the purport of which is to prohibit after May 31 next the publication by any newspaper or other public periodical, except medical or surgical journals, of "any picture, device, or misrepresentation of one or more man, woman or child, or of the features or any part or parts of the human body in connection with or as part of any advertisement of any patented medicine, drug, or surgical instrument." We hope the bill will not pass, for we should miss the pictures of the hearty, whole-souled gentleman who has lost and found his manhood, and of the sweet young thing whose bowels have been moved by something more tangible than compassion, and of the placid, white-haired octogenarian whose functions have been miraculously regulated by the vegetable compound of a lately deceased benefactress of her sex.—*Medical Record.*

Whisky and the Medical Record.—Let us bow our heads in shame and humiliation. Duffy's Malt Whisky, advertised to the laity in all the dailies as an infallible prophylactic against, and cure for all curable and incurable diseases, and as the greatest remedy in the world for the prolongation of life—which statement is testified to by the pictures and endorsements of octogenarians, nonogenarians and centenarians—is now disgracing the advertising pages of many of our "high-class" medical journals. Duffy's Malt Whisky and the *Medical Record!* Have we any right now to attack the lay press for admitting fakes and nostrums? Will not the lay press have the right to turn around and say: Physician, heal thyself? And what are we coming to? If Duffy's Malt Whisky is all right, then why not Father John's medicine, Hostetter's stomach bitters, Hood's sarsaparilla, Chichester's pennyroyal pills, etc., etc., and, last but not least, the great catarrh humbug, Pe-ru-na? Yes, we are certainly progressing—backwards; in some respects, anyway.—*Critic and Guide*, New York.

Dr. H. J. Chapman, of San Antonio, was shot and killed at 12:45 Friday morning, March 25th. He had left his buggy in an

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RESINOL reduces inflammation on Mucous as well as Cutaneous Surfaces.

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Water does not irritate if Resinol Soap is used, and it is the only Soap that will give satisfaction in bathing eczematous and inflamed surfaces.

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alley while he made a visit near by, and returning to it and getting it turned he made a noise which awakened a family near whose window the horse was hitched. The occupant of the house, Henry Bergh, who did the shooting, claims that he mistook the doctor for a burglar and that he called twice to know who was there, and receiving no reply, fired two shots through the window slats. One entered the shoulder, killing him almost instantly. He managed to get in the buggy when he fell dead, and the horse ran through the streets with the corpse. Dr. Chapman was a specialist in diseases of the chest, and was prominent and popular both in social and medical circles. His home was in Ohio, and the remains were shipped there. He went to San Antonio from Asheville, N. C., about five years ago.

I can not practice medicine good without the "Red Back."—J. T. McDonald, Celeste, Texas.

The Philosophy of Waste and Repair.—Write to Mr. Fellows, 26 Christopher Street, New York, for his pretty little brochure on this subject. A postal card will get it, free.

TOOK THE STITCH OUT QUICK.

Lufkin, Texas, March 11, 1904.

Dr. F. E. Daniel, Austin, Texas.

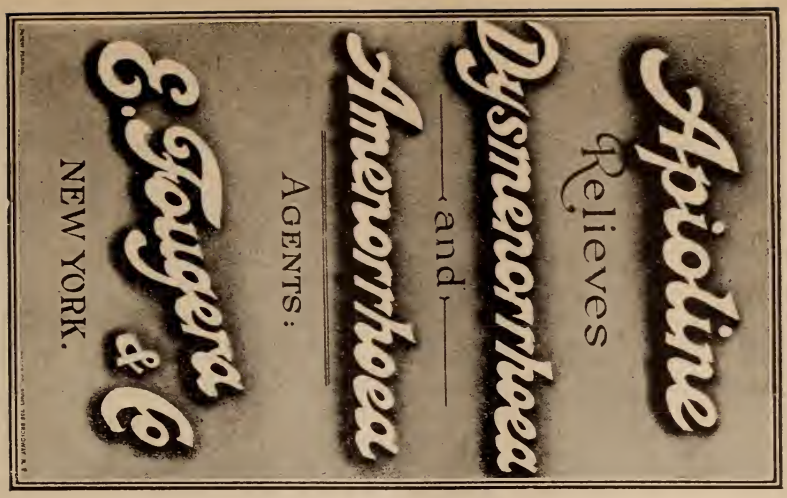
Dear Doctor: Enclosed find my check for $1 in payment for a copy of your "Recollections of a Rebel Surgeon."

I have already read it, and must say I don't think I ever enjoyed anything better in my life. I am of the opinion that every doctor in the whole wide world would order this book and read it if they only knew what it is, and how much of a tonic it would be to them when over-worked and recreation for a tired and worn-out mind is needed.

I was just recovering from an attack of lobar pneumonia, somewhat associated with pleurisy when this little book reached me, and it is needless for me to say that, by the time I finished reading it, the pleuritic stitch was gone.

The only thing I see wrong with the book is that it comes too cheap. It surely ought to be worth as much as a night's lodging in Meridian at Dr. Johnson's "Retreat."

I am coming next month if I can possibly get off; however, hav-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and
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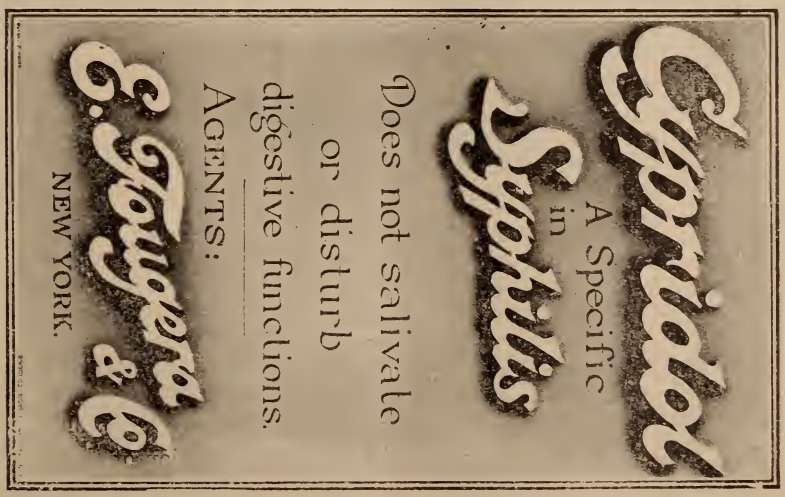
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A Specific
in
Syphilis
Does not salivate
or disturb
digestive functions.
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New York.

ing been sick may prevent, as it will take me some time to catch up again.

With many good wishes to you, the "Red Back" and the little book, I am, Yours to count on,

R. L. DENMAN.

[The pretty young lady who will preside over the "Red Back's" table in the rotunda of the University during the meeting, April 26 to 29, will have a few copies of the "Rebel Surgeon" for sale; $1.]

TO TEXAS DOCTORS:—The Diemel Linen-Mesh Underwear can be had from Harrell & Klein, Austin, Texas. The editor of the "Red Back" heartily recommends it because he has had a most satisfactory experience with it. Flannels are antiquated, irrational, unhygienic and an aggravation that came near making me lose my religion as well as my health.

"Extension of the septic products along the vascular highways is prevented by the use of Antiphlogistine."

SYNOVITIS.

Used successfully in cases of synovitis, whatever the original cause may be.

℞ Chloral. Hydrat .....ʒ iv
Hux-sal (Antiseptic Salt) .....ʒ i
Distilled Water .....ad 1 pint

Sig. The solution should be used hot. Saturate layers of lint with the solution and cover with oil silk. Change the dressing every hour.

ORCHITIS (FOR LOCAL APPLICATION.)

℞ Betul-ol. (Methyl-oleo-salicylate Co) .....ʒ vi
Guaiacol .....ʒ i
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The painful symptoms may also be treated internally with large doses of quinine.

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and has established phospho-albumen as one of the most serviceable sexual tonics; but it has a much wider range and the profession is fast coming to place dependence on it in the anemias and the neuroses where a rapid and efficient agent is desired to combat destructive processes and to establish repair. As a blood maker and tissue builder it is unequaled.

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Fl. Ex. Ergot .....ʒ i
M. Sig. Teaspoonful every two hours as needed.

N. C. VAUGHAN, M. D., of Cincinnati, O., graduate Howard University, Washington, D. C., 1896; member National Association Colored Physicians and Surgeons; member Ohio State Medical Society; member Cincinnati Academy of Medicine, writing, says: "I most cheerfully recommend Sanmetto for prostatic and bladder troubles. It makes peace with the stomach, is readily assimilated, has special affinity for the urinary tract, healing and giving tone to the diseased parts."

AN EDITORIAL FOOT-NOTE FROM THE DECEMBER (1903), ALKALOIDAL CLINIC:—The ancestral foundation of all the liquid antiseptics before the medical profession is Listerine; happy in name, happy in formula, and happy in time of birth. It has been, is, and ever will be, first and foremost in this field. The Lambert Pharmacal Company is to be congratulated on its success.

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Perfect Breakfast and Dessert Health Cereals.
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Books and Magazines

A Text-Book of Obstetrics. By Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania. Handsome octavo, 900 pages, with 746 illustrations, 39 of them in colors. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Cloth, $5.00 net; sheep or half Morocco, $6.00 net.

In revising his work for this edition, the author has spared no pains to make the book reflect the latest knowledge on the subject. He has even described and illustrated the method of using the "Neumann-Ehrenfest Kliseometer." His perfect familiarity and extensive experience with diseases of women is shown in the careful and minute manner in which he describes the various methods of treatment. As most all the diseases of women are the consequences or complications of childbirth, their preventive treatment at least is in the hands of the obstetrician, and the physician in general practice must be equally well informed in both branches of gynecology. The specialist in obstetrics must be an expert in the surgical treatment of all diseases of women. Even a specialist who confines his work entirely to this treatment, must at least have served a long apprenticeship in practical obstetrics, and have mastered its science to be adequately prepared for his work. From the glimpse we have obtained of Dr. Hirst's knowledge of diseases of women, we wait anxiously for his new work on that subject. In this present work every page has been altered and bettered in some way. More attention has been given than in the previous editions to the diseases of the genital organs associated with or following childbirth, and this we think, is an excellent improvement.

Obstetrics for Nurses. By Joseph B. DeLee, M. D., Professor of Obstetrics in the Northwestern University Medical School, Chicago; Lecturer in the Nurses' Training Schools of Mercy, Wesley, Provident, Cook County, and Chicago Lying-in Hospitals. 12 mo of 460 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. Cloth, $2.50 net.

Although this work was written, as the author states, primarily for nurses, yet from our interesting examination of it we firmly believe that medical students will find in it much of value, since the duties of a nurse often devolve upon him in the early years of his obstetric practice. There are really two subjects considered

Malarial Toxemia

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—obstetrics for nurses and the actual obstetric nursing—and Dr. DeLee has combined them so that the relations of one to the other are natural and mutually helpful, presenting this important branch of medicine in a clear and interesting form. The illustrations have not been borrowed from other words, as is too frequently the case, but have been made expressly for this book. The photographs were taken by the author from actual scenes, and are true to life in every respect. The text is the outgrowth of eight years' experience in lecturing to the nurses of five different training schools.

PROGRESSIVE MEDICINE, VOL. 1, MARCH, 1904.—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in Jefferson Medical College of Philadelphia. Octavo, 337 pages, 7 illustrations. Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address. Lea Brothers & Co., Philadelphia and New York.

It can not be too much emphasized that this is not a mere collection of miscellaneous abstracts and translations gathered at random, but is a strictly original work in which men of international reputation have written, in monograph form, the advances that are being made in their respective departments, giving references to the original articles with careful digests, and in the light of their own experience and judgment selecting the wheat from the chaff, correlating results from different quarters of the globe, adjusting apparently contradictory observations, and everywhere indicating how and why and where progress has been made. The scope of the present volume includes extensive essays on such important and essentially progressive subjects as cerebral pressure, heat surgery, the treatment of tic douloureux, exophthalmic goitre, the transmission of diseases by insects, the theories as to the etiology of rheumatism, tetanus, paratyphoid, modern views on the nature of hay fever, etc., in which the latest work of foreign and domestic observers is fully discussed.

A MANUAL OF GENERAL PATHOLOGY FOR STUDENTS. By Sidney Martin, M. D., F. R. S., F. R. C. P., Professor of Pathology at University College; Physician to University College Hospital, London, etc. Philadelphia: P. Blakiston's Sons & Co. 1904.

There is undoubtedly too much neglect of the subject of pathologcal anatomy by the general practitioner. This is probably

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The experience of prominent surgeons and anæsthetists has proven that THE NAUSEA OF CHLOROFORM OR ETHER ANÆSTHESIA can be obviated by the administration of

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due to some extent to the antipathy exhibited by the laity to post-morten examinations, but from whatever cause it may arise, it is decidedly to our detriment. Bearing in mind this fact, more diligence should be used in the study of pathological text-books, especially the illustrations, to gain an accurate knowledge of the morbid conditions underlying a given disease. It goes without saying, therefore, that a goodly number of text-books, short but up to date in character on the subject of pathology, should have a place in every conscientious physician's library. A careful examination of the above work has caused us to place this work in the list of eligibles for the above named position. The illustrations, including a number of colored wood cuts, are very good, especially those on inflammation, malarial fever, blood corpuscles in disease, and embolism. The text is full, lucid and clear, and altogether the work is one of merit.

P. Blakiston's Son & Co. sold during last year 15,487 copies of Gould's Medical Dictionaries, making the total sales to date 166,083.

FISCHER—INFANT FEEDING IN ITS RELATION TO HEALTH AND DISEASES.—A Modern Book on all Methods of Feeding. For Students, Practitioners, and Nurses. By Louis Fischer, M. D., Visiting Physician to the Willard Parker and Riverside Hospitals, of New York City; Attending Physician to the Children's Service of the New York German Poliklinik; Former Instructor in Diseases of Children at the New York Post-Graduate Medical School and Hospital; Fellow of the New New York Academy of Medicine, etc. Third edition, thoroughly revised and largely rewritten. Containing 54 illustrations with 24 charts and tables, mostly original. 357 pages, 5¾x8¾ inches. Neatly bound in extra cloth. Price, $2.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

Infant feeding is a subject of first importance. The health of many children is ruined for life by neglect, through ignorance, of attention to this matter. We have seen many dyspeptics who were made so by too much sugar or too much starch in early infancy. Every mother should have the benefit of correct teaching on the subject.

ATLAS AND EPITOME OF OPERATIVE GYNECOLOGY. By Dr. O. Schaffer, of Heidelberg. Edited, with additions, by J. Clarence Webster, M. D. (Edin.), F. R. C. P. E., Professor of Obstetrics and Gynecology in Rush Medical College, in affiliation with the University of Chicago. With 42 lithographic plates in colors, many text cuts, a number in colors, and 138 pages of text. Philadelphia, New York, London: W. B. Saunders & Company. 1904. Cloth, $3.00 net.

This new addition to Saunders' admirable series of Hand-Atases is excellent. It is unfortunate that medical students graduating each year know less about gynecologic operations than about almost any other department of operative surgery. This atlas, therefore, is opportune, and the excellence of the lithographic plates and the many other illustrations render it of the greatest value in obtaining a sound and practical knowledge of operative gynecology. Indeed, the artist, the author, and the lithographer have evidently expended much patient endeavor in the preparation of the water-colors and drawings. They are based on hundreds of photographs taken from nature and reproduce faithfully and instructively the various situations which they intend to illustrate. The text closely follows the illustrations, and we have found it fully as accurate. We consider it of great value to the up-to-date practitioner and surgeon, as well as to the specialist.

No physician can afford to be indifferent regarding the accurate filling of his prescription.

Publisher's Department.

Remarks on Clyco-Thymoline.

BY W. R. D. BLACKWOOD, M. D., PHILADELPHIA, PA.

For many years past this preparation has been one of my mainstays in diseases of the mucous membranes, and it has held its place despite the trials of many other agents warranted to supplant it by the advocates who decried Glyco-Thymoline when I spoke of its virtues. Space is now getting too valuable to waste with long detailed descriptions of separate cases, and anyhow I never did write in that manner—I think general remarks about agents is the better way—and we need this more than stories of symptoms and temperatures, with daily alterations. No class of maladies is more troublesome than disorders of the mucous membranes, and none more difficult to eradicate thoroughly, and we have been put to our wit's end many times for remedial agents in such cases. The local treatment of catarrhs is frequently disappointing, and none more so than that prevalent-one-post-nasal catarrh. Unless we can get an alterative condition established little good is done, and nothing has been of greater service to me than Glyco-Thymoline, locally and internally, in several hundreds of long-standing and severe cases of this intractable and common affliction. I have come to regard this preparation as a standard and almost routine remedy; I seldom care for a post-nasal trouble without prescribing it at the onset, and if I don't it is not long before it comes into use. It is just alkaline enough, just so as to the dialysis—(the action locally with exactly the right amount of fluid excretion through the diseased membrane), just enough astringent without drying the parts, and just the right thing in the direct line of reparative work; it sets up tissue building soon after the membrane gets somewhere near its right shape. Many things are employed in catarrh, but I firmly believe that if I was confined to one agent only, that would be Glyco-Thymoline. For years I used the so-called antiseptic tablets of boric acid, and glycerin, etc., and with good results, but for a long time past this is thrown aside and the Glyco-Thymoline takes its place. I use it in about half strength with a Bermingham douche and from twice to four times daily. With this, in bad cases, I give it internally, adding to it, or giving separately, mercuric bichloride, and if done separately the menstrum is compound syrup of stillingia. In presumed syphilitic persons I always do this.

In gastritis, chronic enteritis, vaginitis, gonorrhœa, and in recurring attacks of what too many physicians deem appendicitis, I use this agent freely, and always with good results. As a local applicaion to foul ulcers and especially to hemorrhoids, I think this

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Is daily making converts among physicians for its wonderful work in

INFLAMMATORY AND CONTAGIOUS DISEASES OF THE ALIMENTARY CANAL.

It is the rational treatment in Gastric and Intestinal Disorders, such as Dyspepsia, Gastritis, Gastric Ulcer and all Contagious and Inflammatory Diseases of the Stomach and Intestines.

Full particulars with clinical reports on cases — in my book: "The Therapeutical Applications of Hydrozone and Glycozone"; Seventeenth Edition, 332 pages. Sent free to physicians on request.

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preparation is very good. In the nasty leg ulcers which now and then defy all remedies, Glyco-Thymoline does wonders—it can't do harm any time,—and I am almost persuaded to give it in all instances. In bronchitis and asthma it is fine; in spasmodic croup it fills the bill nicely; it does well in venereal disorders locally, and in balanitis it stops the trouble at once.—*Medical Summary,* December, 1903.

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THE

TEXAS MEDICAL JOURNAL.

ESTABLISHED JULY, 1885.

PUBLISHED MONTHLY.—SUBSCRIPTION $1.00 A YEAR.

VOL. XIX. AUSTIN, MAY, 1904. No. 11.

Original Contributions.

For Texas Medical Journal.

Thoughts Upon Diagnosis, Pathology and Treatment.*

BY HENRY K. LEAKE, A. M., M. D., DALLAS, TEXAS.

Considering the whole domain of medicine and to a large degree that of surgery, no matter how successful may be the aims of the physician, theory and inductive philosophy enter, more or less, into the problems that he is called upon to face and to attempt to solve. These methods of reasoning may appear either at the beginning of his task, or discover themselves when this is completed, but always leaving certain phases of the problem unexplained and demanding further investigation. Therefore, it seems that, whether we will or not, theory and inductive philosophy must be employed to suggest a plan for most of our work, or be constructed to account for much of the result of that work whether or not the latter be useful, or, in any way, prove satisfactory. From the intricate nature of physiology and pathology in their varying presentments owing to difference of type, inheritance and environments, often eluding the most searching investigation, it is not always the case that our results can be referred to manifest causes that stand out in bold relief from all other contributing factors. When analyzed, it may be found that the *causa morbi,* like a mixed infection, is composed of several elements, all of which exert an influence in the sum total of effect produced, and

*Published by direction of the Dallas Medical and Surgical Association. Read February 13, 1894.

our knowledge increases in proportion as we ascertain these several elements and give to each its relative value. It may be objected that, in the light of modern medicine and successful surgery, such uncertainty as regards diagnosis and treatment, at any rate, no longer exists in medicine to that extent that will justify this sweeping assertion. The germ causation of disease, which now seems to be the trend of all pathology, can be rigidly isolated and cultured, a systematic classification of etiology can be made and, in many cases, be predicated thereupon a sure remedy; thus we are afforded a convincing and trustworthy postulate in our diagnosis and therapeutics. Such a claim, however, will disappoint us to that degree as will make us often doubtful of our premises and conclusions.

It is true that the misleading tendencies of inductive philosophy, as applied to medicine in modern times, have been avoided somewhat in the promulgation of medical principles of etiology and treatment of disease, however convenient this philosophy has been in the past, but it must be acknowledged that this philosophy at present, either consciously or unconsciously, is far too much indulged by the practitioner. The "case fiend," who may be met on every corner, deceives himself and labors to impress us with his enthusiasm or superior judgment in formulating a general law for a rightful conception of disease from one, or it may be several, carelessly observed particulars. While it is not insisted that "*falsus in uno, falsus in omnibus*" should be a guiding principle in a medical creed, as well as in that of religion and morals, still the Baconian philosophy can not be rigidly applied to the solution of medical problems without great risk of delusion and disaster. The "case fiend" should withhold his persistent and often arrogant conceits until his experience in a certain line has been so large and directed by such a studious and trained intelligence that, at least, error may be severely minimized before a general law can be evolved that will arrange and correlate the several particulars and dignify the whole with eminent power and unvarying efficacy. But the "case fiend" is not to be tolerated in professional intercourse only, but intrudes his presence upon every page of medical journalism and in medical societies. "Most ignorant of that he is most assured," his authority may prove very brief if subjected to the searchlight of criticism that may dissolve his glassy essence that, like an ape, "Cuts such fantastic tricks before high heaven as make the angels weep."

Reckless theory and speculative philosophy long survived the Grecian and Roman schools of medicine, but medicine of the six-

teenth century was impressed profoundly by the Baconian philosophy that invaded every branch of scientific thought which, reasoned out of the abstract, might be supposed to interpret and make useful a concrete emergency. Doubtless applying this philosophy to medical problems certain deductions were erected into what might be termed a canon of laws, numbers of which may be seen in every medical dictionary, but which, in these latter days, need only to be mentioned to be refuted, although some of them still maintain an important significance. These laws relate to questions chiefly of diagnosis and treatment; pathology also claims much of their import.

With respect to diagnosis, all laws and philosophy and inferentially experience are said often to be set aside by intuition—intuitive diagnosis—and this is asserted to be a quality of innate genius that "Soars above the common herd toiling up the steeps below." But there is no such thing as intuitive diagnosis, unless it be the product of that genius defined by Carlyle as having "an infinite capacity for painstaking;" the extraordinary intellect unconsciously employs inductive reasoning, successfully risks the well-observed albeit furtive glace of a pathognomic symptom, or a lightning-like analysis of the symptom-complex instantly may focus the mind upon its subject, but these mental operations, while the product of innate acuteness in determining medical questions, at all events, must have been more or less instructed by previous study and observation of disease through a rich and laborious experience. Lawson Tait was wont to make much of intuitive diagnosis, of which he was past master just as he was of his mechanical art, but it is well known that in his early life he had unrivaled opportunities with Simpson—himself a pre-eminent diagnostician and operator—and that the subsequent life of Tait increased constantly his wide clinical experience, and consequently his oft-repeated judgments. As he himself said, he "deliberated quickly;" an expression not so paradoxical as it may appear, if the observations made above be considered thoughtfully.

We must conclude that, at any stage of professional life, diagnosis by intuition is unsafe as a rule, haphazard and unscientific. There is no field of responsible effort where the scene so often varies, where rules and laws so often are defied, but where exceptions are ever ready to deceive our most hallowed experience, as that of medicine taken in its widest sense. It must be remembered that however well devised, theory will be based upon an hypothesis of which it is only "a clay model." Frequently it is employed in the realm of medicine with powerful effect by the

trained intellect, it more rarely succeeds in the hands of the medical proletariat, but it is a dangerous tentative for those unequipped by nature and study with the mentality that will construct it upon the most rational and scientific grounds that may be defended by an appeal to ripe experience and intellectual development. Therefore, as Locke says, to judge properly is to differentiate a man of reason from a logical chicaner, although it may not be necessary to equip oneself wholly in the many particulars mentioned by this famouns sage.

Although these methods that influence us in our conception of diseases and manner of dealing with them may never be eliminated, as probably they could not without diminishing our hopes of scientific eminence attaining to that of the other sciences, we should safeguard our thoughts by considerations of prudence and wholesome scepticism, especially where dogmatism, prejudice, or thoughtfulness prevails to hazard statements that may entail not alone a limited, but widespread influence for evil. On reflection, we are amazed at the abject servility with which we bow to the opinions of others, even when probably opportunities are bestowed equally for arriving at the truth. Locke affirms: "All that he relies on without this perception, he takes upon trust upon the author's credit without any knowledge of it at all. This makes me not at all wonder to see some men so abound in citations and build so much upon authorities, it being the sole foundation on which they bottom most of their own tenets, so that in effect they have but a second-hand or implicit knowledge, i. e., are in the right if such a one from whom they borrowed it were in the right in that opinion they took from him, which indeed is no knowledge at all." Such a dependence upon authority may be excused in the young practitioner without experience who ruthlessly may not substitute his own opinions instead, but it does not absolve him from a studious examination of his author's logic that may be colored by haste, prejudice or interest. *"Nullius addictus jurare in verba magistri."*

Likewise this intellectual slavery may account for the formulating and apotheosizing the so-called banalities of medicine that often have traditional value as orthodox assumptions, but sometimes no foundation in fact whatsoever, and by which men have been tyrannized into routine grooves of thought not only in therapeutics, but in pathology and in symptomatology. Consequently, the protean and insidious manifestations of disease may deceive us into a false security, or stimulate an unwarranted therapeutic activity.

For example, gastric ulcer may progress to fatal perforation without antecedent pain or hemorrhage, or even apparent disturbance of the digestive function; rarely, however, in some form is the latter absent. Several years ago, a splendid woman under the care of Dr. Graham, of Dallas, died from gastric perforation that had been preceded by only vague symptoms of indigestion that previously were considered of little moment. Two similar cases were seen in consultation, although in the first the indigestion finally was emphasized just before the perforation occurred. Gastric carcinoma, also, may follow a like course. In medical literature will be found numbers of cases of this character that are rapidly accumulating.

According to Mayo,* a gall stone may lie ensconced within the common duct and may cause neither pain nor jaundice. Even its passage down the cystic or hepatic duct may be unattended by pain that shall much inconvenience the patient, yet death may ensue from peritonitis, cholangitis, or pancreatitis that now exploits its own supremacy.

In 1822, Bright determined the relation between dropsy and albuminuria. This was a startling and epoch-making discovery. Bright ascribed the albuminuria to insufficiency of the diseased kidney and portrayed several varieties of such disease, but one of which—contracted kidney—is now known to be a general arterial disease caused by perverted metabolism or by a special form of toxæmia. The classical sign of albuminuria, in these circumstances, may not appear, there being a mere trace of albumin in the urine, as often absent as present. Casts may not be discovered and the patient may die, the banal symptomatology being discredited throughout the entire history of the case. On the other hand, intermittent, or so-called cyclical albuminuria, may be present; particularly in young boys, the urine being normal in the morning and markedly albuminous in the evening, the condition extending over months, rebellious to treatment, yet the most painstaking scientific examination may fail to detect either kidney disease or constitutional causes to account for this curious abnormality. Moreover, it has been shown that albuminuria, in some way, may be related to business worries and irregular living. A few, or an isolated cast, now and then, may swim in the urine, but a healthy reform may reinstate the normal urinary output and the expectancy of life in no wise be curtailed. At the present time, I have under observation a patient of this class, and a

*Case reported by Brewer, *Medical Record*, January 23, 1904.

prominent physician of New York has predicted a long life for the individual whose urine is kept at a normal standard by a close supervision of diet and habits, there being in the system at large absolutely no symptom of aberrant physiology or pathological development.

Abscess of the liver has a banal symptomatology, but it is well known that exceptions are frequent. The brilliant and lamented Prof. E. S. Galliard, of Louisville, suffered for months with melancholia and other cerebral disturbance. Skillful physical diagnosticians, among whom was one with a deservedly national reputation, repeatedly examined the patient. There was neither pain, tenderness nor apparent enlargement of the liver. Hammond, of New York, believed that the cerebral derangement pointed to the liver. On exploring this organ, an abscess was discovered in the lobus Spigeleii, the patient dying a few days after a surgical operation. Dr. Samuel Egon, of Dallas, years ago had a very similar experience. He operated and proved his diagnosis that was based upon no better evidence than that presented by the case just mentioned.

In the category of medical "banalities," none stands more conspicuous than the symptomatology of ectopic gestation, but Dudley, of New York, declares that: "The symptoms and signs of extra-uterine preganancy are about as certain as steel stocks at the present time." It seems that in our conception of this malady, banal symptoms now must take second rank, or, if they are present, the significance is co-equal only with symptoms that may occur with other pelvic diseases.

Henceforward we shall be wary of the classical signs of appendicitis, for, as Bennett has demonstrated recently, in many cases after a more or less brief period, the pulse and temperature may drop to normal or even below, pain, tenderness, rigidity and distention about disappear, operation, now, may be declined, but the patient may be profoundly septic from an abscess of stinking pus surrounding the appendix. Moullin, in almost like circumstances, has found a gangrenous appendix. In these cases, the banal symptoms have disappeared, but others intrude themselves to establish the diagnosis with remarkable certainty.

In diphtheritic cases and other septic conditions, sudden death may occur from heart failure even when the patient is believed to be convalescing rapidly. Banal diagnosis of heart disease frequently made may be relied upon to decide the cardiac sufficiency. Autopsy may reveal the heart muscle far advanced in waxy and granular degeneration that gave no evidence of its presence dur-

ing life by the ordinary examination, but the sphygmometer and other improved means in the future may warn us of existing danger in these cases. Many examples of common heart disease may be placed in the same category.

I operated on a patient who was invalided at home for a period of five weeks. His sickness began with agonizing pain exactly in the epigastrium and radiating towards the spleen. Several weeks previously he had experienced a slight pain with some tenderness over a small area in the left hypochondriac region. This discomfort was relieved by a small hypodermic of morphine. The next morning the man was at his business and actively followed this until a feeling of malaise decided him to remain at home. During the ensuing five weeks there was no symptom pointing to disease in the chest. His temperature was slightly elevated at night and his pulse seldom rose above 100. Cough and embarrassed respiration even on exertion were absent. There was no pain anywhere, nor was there the slightest dyspnœa. Decubitus was normal. There was some pallor of the skin, but no cyanosis. Apparently he could expand his chest to its full capacity without pain or inconvenience of any kind. Constipation and tympanitis were marked and troublesome features of the case. Physical examination of the chest was negative until the end of the third week, when signs of effusion appeared posteriorly, beginning at the base and rapidly extending up to the apex. This effusion made no alteration whatever in the subjective symptoms. Dr. Graham of Dallas was called and advised waiting. Ultimately a quart of very offensive pus was removed by operation. The symptom-complex of chest disease will be replaced often by pain, distension and rigidity in the abdomen that have misled the most astute diagnosticians and proved intractible to any method of treatment until the condition in the thorax is relieved. This is a common experience, a noteworthy illustration of which was the sensational case of Philip Sanger, a leading merchant of Dallas, who died several years ago. A patient of a confrere, supposed to be laboring under appendicitis, was operated upon, but the appendix was discovered by the surgeon to be in a normal condition. Subsequently a large purulent effusion was removed from the right pleural cavity. Such examples might be multiplied indefinitely to broaden our views,* revise our methods and sharpen our wits in dealing with the diagnostic and pathological subtleties that constantly beset us.

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*"Barnard recently has drawn attention to the simulation of appendicitis by pleuro-pneumonic disease."

Probably there is no department of medicine where this reform is needed more urgently than current views of a pathology built up from certain well-known physiology of the nervous system —both cerebro-spinal and sympathetic. Reference here is to reflected pain as having its analogue in the normal reflexes, usually following the same paths, or, indeed, being heightened degrees of the normal beneficent impulse. The wide distribution, conjunction and interlacing of nerve ganglia and fibre impresses us with its evident, supported by its response to experimental, physiology. Nevertheless, orthodox views of such reflexes can not be claimed to be established infallibly. It is a question if nerve fibre is the sole medium of transmission of vital impulses. The cellular structure is one vast store-house of potential and reciprocal energy residing in the cells and in the electrons, of which these cells are composed. Metrosome, nay! atom is no longer to be taken as the unit of such energy, for "Now we know that the atom is in itself a tiny cosmos swarming with electrified particles traveling with immense speed in all directions;" not necessarily in specially confined or projected line of area, although in the main such action regulates the different functions of the economy, examples of which could not be cited without offense to any well-informed student of physiology. However, much of such postulate, probably, has been erroneously conceived and a physiological doctrine developed that is not bottomed on facts; or radium may show the relation of such energy to size and importance of cell structure and an inconceivably wide and constant diffusion of such energy, the special function of which we now can have only the faintest conception. The future, therefore, may alter radically our views of physiological reflex action, and consequently our diagnostic methods and treatment of disease, even in the domain of what is considered the most elementary functions of the body.

The arteries are kept tonus by the vaso-motor nerves, but Loeb has shown that a secretion from the supra-renal bodies must enter the blood current to stimulate and regulate the function, whether or not this be through nerve or musculature. The important function of the pancreas is evoked not by chyme stimulating nerve end-organs in the duodenum, but by "secretin," a product of digestion, that is absorbed and going the round of the circulation, reaches the pancreas to prove its true excitant.

Tait and Johnstone said that a small nerve ascended along the side of the uterus and ended in or near the horn. This was the "menstrual nerve" that must be constricted by the ligature if men-

struation was to cease. Christopher Martin and others labored to show that there was a lumbar nerve centre that controlled the menstrual function, and thus, the "menstrual nerve," as well as the "ripened ovule" theory, was ignored, but the *tout ensemble* was not complete without nerve reflex action. Now! the ovary secretes an extract that is the *facile princeps* of the impulse that ends in the periodical congestion and desquamation of the endometrium.

If we consider pathology as physiology in abeyance, altered, or utterly wrecked, these considerations will indicate, not so much the direction in which our conceptions will be modified, but that changes surely will come as our knowledge expands from the studies of the future, notably in the domain of the nervous reflex system. In this field, reasoning by induction from local to remote pathology may be checked by acknowledging other factors *sui generis*, but all conjoined to produce the symptom-complex of disease. The latter presents oftenest in the form of vicious circles that may, or may not, be broken to relieve the patient, as when a painful ovary is removed with this purpose in view, or when pelvic disease of any character is treated for a like reason; but a vicious circle, if possible, must be demonstrable, otherwise either harm, or, at any rate, an unnecessary operation will follow. The various expressions of neurasthenia are conspicuous examples of such reasoning—a lacerated cervix has been sewed up for suboccipital pain, a tilted womb made a scape-goat for headaches and indigestion, while asthenopia, aural, and other cerebral conditions can be eliminated by the rapid dilator and curette; in many cases, certainly, but through fatal rupturing of the uterus, or by septicæmia. Pelvic disease with reflex symptoms has been treated for months, even years, when, as has been shown recently by Gilmore of Chicago and by myself, catarrhal enteritis is the *fons et origo mali.* A Socinus of pathology will yet arise to protest against this vicarious punishment of the sexual organs.

It is not denied that pathological reflex action does occur, but in the future our diagnosis of this symptom will be more discriminating. Whether or not we shall admit the dictum of Lasegue as expressed in his law that: "Superficial lesions or simple functional troubles of an organ increase the reflexes, while more or less pronounced organic lesions suppress them," is a question *sub judice,* but it is observed that reflex symptoms from pelvic disease are confined to the minor, which such major affections as ovarian tumors, fibroid tumors and malignant growths are seldom, if ever, said to cause them.

Per contra Byron Robinson conceived an elaborate scheme of

pathological reflexes from pelvic disease, but Head, in his oft-quoted and valuable researches, insists that there are none such ascending to the cerebrum, at least from below the upper part of the rectum—the bladder, tubes and ovaries never giving rise to them. It appears that Head, by a series of experiments the most careful yet conducted, has discovered the pathways of nerve impulses for every portion of the body and along which pain is referred from diseased internal organs to the cutaneous surfaces. He is a modern "pathfinder" for the perplexed diagnostician. His teaching has been utilized in the diagnosis of chest, abdominal and pelvic disease. Regarding the first, the much discused lung-reflex experiments of Abrams may be referred to as corroborating proof of Head's researches. For several years past, I have tested the views of Head with the greatest satisfaction in the diagnosis of ovarian disease. The method is applied with practical results to the diagnosis of peritonitis and of appendicitis, as demonstrated by Moullin, Bishop, Sherren and other English surgeons, and recently by New York surgeons who, without giving credit to Head and Mackenzie, assert the diagnostic value of a principle that the latter were the first, in 1892, systematically to define and to emphasize. It is scientific and will be examined critically in all parts of the world, but will be established only by clinical experience that will not be supplanted by any kind of theory, philosophy or experiment whatever.

There are morality and conscience in accurate diagnosis, refined pathology and well-ordered treatment. The first two are the seed, the last is the flower in full bloom. If the seed be not sound, the leaves may turn to ashes in our hands.

The Cause and Prevention of Rape.*

BY F. E. DANIEL, M. D., AUSTIN, TEXAS,
President State Medical Association of Texas; First Vice-President International Congress on Tuberculosis 1904; Editor Texas Medical Journal, Etc.

Sadism in the Negro.

That attribute of our nature we call "love," and which, with civilized people, is the tie that binds the family and society, is the highest, noblest and most beautiful that actuates man. It is the mainspring of human ambition and endeavor. Upon it are founded marriage, home, the family and social order. It prompts to the

*Read before Section on Jurisprudence, at the Thirty-sixth Annual Meeting, State Medical Association, Austin, Texas, April 27, 1904.

acquisition of fame and fortune, the founding of the home, and the rearing of a family, the upbuilding of society and civilization. Its physical and psychic basis is that instinct which God has implanted in every animal creature, from the moneron to man, to insure a perpetuation of the species. Around this powerful and compelling impulse sentiment has woven the most beautiful and exalting emotions of the heart, sympathy, friendship, affection, pity, mercy and charity. It has been the theme of the poet in all ages. Stripped of these sentiments it stands revealed in the hideous form of lust,—animal desire, brute passion, as primitive man and his progenitors knew it,—like a rugged rock, around which, to conceal its monstrous form, nature has woven the tendrils and foliage and flowers of a beautiful clinging creeper. Divested of these refined and refining features, and unrestrained by the many inhibitions which society, law, religion and ethics have placed upon it, it is a power for evil,—an unchained demon, a cyclone, an irresistable force which, in the history of the world and the evolution of man, has wrought untold woe and misery. I quote from that rare and curious book, Burton's *Anatomy of Melancholy* (1652). The author treats of this fundamental instinct as "Heroic Love," and says (p. 448):

"Love indeed, first united provinces, built cities, and by a perpetual generation, makes and preserves mankind, propagates the church; but if it rage, it is no more love, but burning lust, a disease, frenzy, madness, hell; * * * a vehement purturbation of the mind, a monster of nature. * * * It subverts kingdoms, overthrows cities, towns, families; mars, corrupts and makes a massacre of men. Thunder and lightning, wars, fires, plagues, have not done that mischief to mankind, as this burning lust, this brutish passion. Let Sodom and Gomorrah, Rome, Troy and Corinth, and I know not how many cities bear record, * * * and all succeeding ages will subscribe; * * * all histories are full of these basilisks. Besides those daily murders, effusion of blood, rapes, riots and immoderate expense to satisfy their lusts, bigamy, shame, loss, torture, punishment, disgrace, loathsome disease that proceeds from thence worse than pestilent fevers, torments the body, and that feral melancholy which crucifies the soul in this life and damns to everlasting torments in the world to come. Notwithstanding they know these and many such miseries, threats, tortures, will come upon them, * * * yet out of * * * a depraved nature, or love's tyranny, which so furiously rageth * * * they go down headlong to their own perdition; * * *

they will commit folly with beasts, men, 'leaving the natural use of women,' as Paul sayeth (Romans 1:27), 'burned in lust one toward another, and man with man wrought filthiness.' * * * Solomon's wisdom was extinguished in this fire of lust. Samson's strength enervated, piety in Lot's daughters quite forgotten, gravity of priesthood in Eli's sons, reverend old age in the elders that would violate Susanna, filial duty in Absolom to his stepmother, brotherly love in Ammon toward his sister. Human,—divine laws,—precepts, exhortations, fear of God and man,—fair, foul means,—fame, fortune, shame, disgrace, honor, can not oppose, stave off or withstand the fury of it."

This instinct, being fundamental in man, as in all animals, and the most powerful, is, as would naturally be expected, subject to many and extreme aberrations; and these, being the expression of a disordered psychic state, have led, in all ages, to the gratification of the desire by the most unnatural and revolting methods and practices.

It is only within recent years that these aberrations have been studied from a scientific standpoint, and their forensic importance, and the psychic relations they bear to other instincts and emotions pointed out, and a rational therapeusis suggested. It would be out of place here, and it is unnecessary, to enter into an analysis of them. Havelock-Ellis, Schrenck-Notzing, Kraft-Ebing, Moll, Kiernan and others have done that, and in their studies have revealed that they are psychopathologic, and come, often, properly within the domain of insanity. The revelations in these classical works will stagger the credulity of any but a student of sex psychology and psychopathology; much of it is so revolting that the authors feel obliged, in order to partly palliate the weakness and baseness of man, and not disgust the uninformed or chance reader, to veil many details in terms of the learned languages.

That there is a psychic relation, for instance, between lust and murder, between lust and cruelty, between lust and the religious emotion, between lust and music and art, is a fact, startling within itself. Further, that these emotions are in certain psychopathic organisms, inter-convertable, like the various forms of energy in the domain of physics, or co-existent in the same individual, and one may stand for the equivalent of the other; that the libido may find satisfaction, vicariously, at least to some extent, in the expression, gratification and vent of the associated emotion or impulse, is well established. It is more than a coincidence that most religious conversions occur about the time of puberty in both sexes, when the

sex nature is developing and is strong, and repression necessary and enforced. We have to accept this psychic relation as a fact, without attempting an explanation of it. For that see the works mentioned; also Spencer (*Principles of Sociology*), Sanger (*History of Prostitution*), Ferri (*Criminal Anthropology*), etc. No fact is better established than that the infliction of pain—especially spanking, or flagellation on the nates, is a powerful excitant to sexual desire, a fact that is not known, but which should be known to teachers and parents who inflict corporal punishment on children. It is demonstrably true that in some boys the first excitation of the sexual impulse is caused by spanking, even in very young children, —and they are thus incited to masturbation (Kraft-Ebing.) The phychological relation of pain to sexual desire, and to the religious emotion, is illustrated in the practices of a religious sect in Southern Europe, known as the Flagellantes. It is a religious ceremony still practiced in France and other parts of Europe, for the devotees to pass in procession through the streets, stripped to the waist, each one armed with a whip with which he lashes the bare back of the one preceding him or her. Sanger says these emotional outbursts lead to great sexual excitement, and terminate in the indulgence of sexual excesses. Not only does the infliction of pain by the lash provoke the sexual impulse in the sufferer, but in some individuals it also powerfully arouses the libido in him or her who inflicts it, or even witnesses it. It increases the desire and intensifies the pleasure at the crisis; and it is for this abominable reason, Ellis says, that certain teachers (psychopathic), flog boys on their bare nates; and both Ellis, Kraft-Ebing and Spencer tell us of an infamous "Judge Jeffries," an English magistrate, who habitually had women prisoners stripped and whipped, because it gave him sexual pleasure. In some of these unfortunate perverts, the sight of blood alone, will both excite and satisfy the sexual desire; and in others is indispensable to satisfactory coitus.

It would seem that depravity and perverted sexual instinct could go no further; but Ellis, Kierman and others point out a psychological relation between the libido and hunger, which, in extreme cases, leads to anthropophagy. That "Jack, the Ripper," was of this class is now generally believed, as well, perhaps, as was that mysterious murderer of young negro girls in Austin some years ago, in as much as in their victims no evidence of rape was found; but in the former case certain parts of the sexual system of the women were missing. Of this class, also, doubtless are those unfortunates who can have sexual pleasure only when they perform on their

partners, the function attributed to the vampire. Sanger gives us an account of a courtesan, famous (or infamous) in history, who became the type of this class of perverts. He says: "The most famous of all the *auletrides* (prostitutes; the flute players of ancient Athens), was Lamia, who, after being the delight of Alexandria and of King Ptolemy for some fifteen or twenty years, was taken, with the city, by Demetrius of Macedon, and raised to the rank of his mistress. She was forty years of age at this time, yet her skill was such that she ruled despotically her dissolute lover, and left a memorable name in Greek history. The ancients asserted that she owned her name Lamia, which means a sort of vampire or blood-sucker, to the most loathsome depravities." (See also Plutarch's Life of Demetrius.)

Tiberius and Nero, the two most infamous of all the infamous Cæsars, are striking historical types of the lust murderer. They ravished and killed scores of very young girls, preserving the heads of the most beautiful, as we are informed by Sanger, and other authors.

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This horrible form of sexual perversion is known as "sadism." Dunglison and Gould define it to be, "sexual perversion which leads to rape, with circumstances of great violence and inhuman cruelty." A certain Marquis de Sade, who lived at the time of the French Revolution, was a modern type of the love and pain pervert. He devoted his time and prostituted his remarkable talents to writing the most revolting books, descriptive of his experiences in the gratification of his depraved sexual propensities by the most horrible and unnatural methods, descriptions doubtless colored, somewhat by his imagination, as he wrote much of it while in prison. Science has bestowed his name upon that distressing form of sexual perversion. His case furnishes an illustration, too, of the fact, almost paradoxical, that such perversions are not confined to the naturally brutal, the coarse and vulgar, but may be conjoined to a highly intellectual and ethical nature, for excepting sexual morals, his was both. He did much charity, and saved friends from the guillotine. It is to the credit of Napoleon that he caused all these and similar libidinous books to be burned. A popular knowledge of this and other forms of perverted sexuality and abominable practices long anterated Sade, however. Many instances of sadism are to be found throughout human history—from the earliest recorded times. Moses legislated against certain sexual crimes prevalent in his day and known even to our jurisprudence. (See the 18th chapter of Leviticus.)

Ellis says the key to the psychic relation of love to pain and the monstrous acts of certain depraved men, is found in animal courtship, meaning the combats between males for the possession of the female, in which a display of force and, doubtless, the sight of the blood of the vanquished, is pleasing to the female, and stimulates in her a reciprocal desire. Ascending in the scale of animal evolution we come to the tribal state of primitive man, and find that with certain barbarous tribes it became a vital necessity, from the scarcity and difficulty of obtaining food, and the necessity of swift migration, often, to escape hostile tribes, to sacrifice all girl babies and feeble adults to tribal safety. Out of this grew a scarcity of women and the necessity of capturing wives from other tribes (Exogenous Marriages—Spencer, *Principles of Sociology*, p. 622). In time it became a distinction to have a captured wife. It was a token of prowess, skill and bravery. A survival of the custom is found today in the practices amongst certain low forms of man; *e. g.* Spencer says: "A young Dyak must prove his bravery by bringing back the head of an enemy before he is permitted to marry. When the Apache warriors return unsuccessful, the women turn away from them with indifference and contempt. They are upbraided as cowards or for want of skill and courage, and are told that such men should not have wives." * * * "In a tribe containing many warriors who had wives taken from enemies, and who were regarded as more honorably married than the rest, there would result an ambition, if not to capture a wife, still to seem to capture a wife"; hence arose the mock capture of wives,—captured not from warriors of other tribes, but against the will of the woman and that of her parents in the same tribe. This form of capture is still practiced by barbarous people in Africa, in Australia, amongs the Sinai Arabs, the Fuegians, and other uncivilized countries. Hence it is an easy gradation to the purchase of a wife from her parents, generally prevalent amongst savage and semi-civilized people—and to that semblance of capture—a play of mock capture prevalent today among many people as a part of the marriage ceremony. We see the shadow of reflection of it even among civilized people, in the game of "tag" between girls and boys, in which the boy must chase the girl, and when caught, kiss her. By the bye, it is said by authorities cited, that the kiss is the survival of the love bite, still practiced amongst certain races, notably, the Esquimaux.

It is interesting and instructive to trace a custom back to its origin, as Spencer, Ellis, McLennan, Sir John Lubbock and others

have done, in regard to the custom of mock capture of the bride as part of the marriage ceremony by many savages. It is not generally known, and I have the authority of Clifford Howard in his book, "Sex Worship," for saying, that the emblems of the worship of Phallus and Priapus survive today in the gothic architecture of our churches, the spire, the windows and doors—the sanctum sanctorum or innermost holy, being significant of that religion which worshipped the generative organs as the source and origin of all life. The plumes on the hearse today, Spencer suggests, is an echo of the custom originating in feudal times, of carrying the knight's plumed helmet,—his arms and trappings,—on his favorite steed, at the head of his funeral procession.

Sadism is a survival of marriage by capture—as practiced by primitive man and his brute progenitors. Or, rather, it is atavistic. This view is held by Kiernan (*Psychological Aspect of the Sexual Appetite. Alienist and Neurologist, April,* 1891), citing whom, Kraft-Ebing says:

"Kiernan, who has several authorities in Anglo-American literature, starts from the assumption of several naturalists (Dollinger, Drysdale, et al.) which conceive, the so-called conjunction—a sexual act, in certain low forms of animal life, to be cannibalism, a devouring of the partner in the act. He brings into immediate connection with this the well-known facts that at the time of sexual union crabs tear limbs from their bodies, and spiders bite off the heads of the males, and other sadistic acts performed by rutting animals with their consorts.* From this he passes to lust murder and other lustful acts of cruelty in man, and assumes that hunger and the sexual appetite are, in their origin, identical; that the sexual cannibalism of lower forms of animal life has an influence on the higher forms and in man, and that sadism is an example of avatism."

* * * * * * * * * * *

The American negro is only a few generations removed from savagery. Naturally the brute instinct is strong in him, and unrestrained by influences which keep it in abeyance in civilized countries, measurably, at least, it will express itself in those acts of which we have been speaking. In recent years it seems, as Burton

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*The female of that familiar winged insect, the "Devil's Horse," (*Hymenoptera; mantis religiosa*) devours the male after the conjunction, and the queen bee flies away with the drone she has selected to fertilize her for the next generation of workers (*le vol nuptial*). After fecundation she rips open the abdomen of the male and serenely scatters his intestines to the wind.

has said of ancient times, that, even the fear of the fagot, to say nothing of other forms of capital punishment, is powerless to prevent those horrible lust murders of children by negroes. The cause, in my judgment, is sadism, a reversion to the type of a not remote ancestry. There are contributory causes to be presently mentioned. As a slave, the negro was in ignorance and complete subjection. The law recognized no rights on the part of a slave. The law and the lash kept him in subjection, while on plantations every facility for the gratification of his lust was afforded with women of his kind, for breeding slaves was a profitable business. Marriage amongst them was encouraged. There was no perversion of the sexual sense. The males did not desire the white women, nor dream of ravishing the white children. The whites to whom he belonged were immeasurably above and beyond him, and he no more dreamt of social equality with them than with the angels. Freed from these restraints, only partly educated, lazy, often idle and dissipated, frequenting low drinking dives and vile haunts of vice, corrupt and bad, allowed to associate with dissolute white women,—some of them dream of social rights and equality. He has been told by fanatics that he is as good as the white rebels to whom his parents belonged, and their descendants; race hatred is engendered, and despite torture and certain death staring him in the face, the rape fiend, the negro sadist, wreaks his vengeance and spite on some innocent child and gratifies, in that unnatural manner, his abominable lust. In how far the example set by the Chief Executive of the United States in socially recognizing the negro may have encouraged the rape fiend, and thus been a factor in the increase of the crime, it is hard to say; but it is not unreasonable to say that, doubtless it has given an impetus to both hatred of the whites and desire for revenge, the more so, perhaps, because the illustrious exemplar of negro equality is himself a grandson of a distinguished slave owning aristocrat of the Old South.

So much then, for the cause of rape by negroes.

We of the South are confronted with this horrible problem: There have been forcibly turned loose upon us some millions of blacks, who, however, for the most part, are orderly, industrious and well-behaved, and who are entitled to the respect and encouragement of all right-thinking people. There are amongst them, however, individuals in whom there exists that form of sexual perversion we have been describing, and other forms that lead to sexual crimes besides rape. I have endeavored to assign a cause for it; now, is there a remedy? The title of my paper is, "The Cause and

Prevention of Rape." I do not say that there is a remedy, or that it can be prevented or cured; but I do say that hanging and burning at the stake have signally failed to check the evil. Indeed, I venture the belief that by "suggestion," it has rather tended to increase it. Haslam, an English authority, says, that of 167 persons executed in England, all but one had witnessed an execution. The horrible execution by fire of the negro lust murderer, Henry Smith, at Paris, Texas, must have been known to every black in Texas, yet within a week there occurred other assaults by negroes on white girls only a little less revolting. Right here in Austin, shortly after the occurrence mentioned, a negro was hanged in the jail yard for rape of a 13-year-old white girl at Webberville. The physician who attended her testified to the horrible mutilation of the child. She survived, however, and under our laws, had to appear in court and exhibit her shame, humiliation and suffering. This is as disgraceful as it is absurd, and in itself constitutes some justification of lynching. The negroes were allowed to hold so-called religious services on the scaffold. The preacher told the assembled blacks and scattering whites that "Brother" Nichols (the culprit) had found forgiveness; that his soul had been washed white in the blood of the Lamb, and that he was going from this vale of tears, where the white man never ceases from troubling and the good darkey can not rest, straight to the bosom of God! The black cap was adjusted and he was launched into eternity to the tune of "Nearer My God to Thee," sung by a hundred black throats. This is no fancy sketch, but an actual occurrence right here at the Capital of a great State, the seat of the University, and the home of scores of Christian churches. Imagine the effect of such a scene and teaching upon the ignorant and superstitious negro. What does it "suggest?" Go thou and do likewise and go to glory! It is a premium on rape, a golden harp in the realms of the blest. Is such calculated to lessen the prevalence of this horrible crime?

Nor are the proposed remedies likely to be more effectual. I mean that proposed by John Temple Graves, colonizing the negro, separating the races. It is utterly impracticable and undesirable. The great majority of the negroes are inoffensive and are useful,—indispensable in the South as laborers. Justice Brewer's proposed remedy for rape and its consequences (lynching) is almost puerile. He proposes that in rape trials there shall be no appeal; but a swift execution, to satisfy the outraged people. Why have a trial? A judicial investigation is for the purpose of ascertaining if the accused is guilty, and, if guilty, to fix the penalty. In every case

where there is the least doubt, either of the identity of the accused or of the crime, there should be an investigation, but where there is no doubt as to either, why subject the victim—most frequently a tender young girl—to the shame, mortification and suffering incidental thereto, and the State to the expense? It is a farce in those cases where the evidence is conclusive, *prima facie;* the death of the fiend has already been determined upon. Indeed, the lust murderer is outside the pale of the law. He has no rights that should be respected. He is a monster, a unit dangerous to society, and should be eliminated. The question of "responsibility," —granting that sadism is a form of insanity—cuts no figure. He should be killed—with as little ceremony as a community would put to death any other deadly animal—say a man-eating tiger, for instance, loose in their midst, or a rattle-snake. There should be no vengeance, no torturing, of course; no one would think of torturing a bull or dog or tiger, or snake; he should simply be killed, and the outraged community, for its own protection, should do it, without the farce of a trial, in cases in which there is no doubt of the crime and the identity of the criminal. In less horrible cases of sexual crimes—such as are recognized by jurisprudence and are evidence of sexual perversion, *exempli gratia,* sodomy, buggery, pederasty,—upon conviction before a court, the offender should be rendered forever incapable of a repetition of the act, and of reproducing his kind, in whom the taint would most probably survive. This should be done by a surgeon, upon order of the court, and there should be a law upon our statute books authorizing it. I do not mean simply the removal of the glands, for while that destroys the power of procreation, it in no degree lessens the libido or the power of erection and penetration. See Havelock Ellis on this subject. It would carry this paper beyond the limits of time at my disposal to enter upon a discussion of this phase of my subject. The remedy should consist of the ablation of the entire genital apparatus, for, as stated, castration does not remove the impulse nor the power, and Ellis says that "certain Roman ladies greatly affect this style of eunuch for obvious reasons; *vult futui Gallia, non parere.*

Our esteemed fellow citizen, Judge A. W. Terrell, ex-minister to Turkey, says that when the Arab slave dealers are returning from Africa with slaves they have bought or stolen or captured,—for the Constantinople market, they camp by a river where there is a sand-bar. Holes are dug in the wet sand into which the males are buried up to the chin, after having the entire external genitalia removed with one sweep of a sharp knife. Wet sand is then packed down

firmly around the wretch, and if he does not bleed to death, as they frequently do, when he is taken out (in about a week) he is a true eunuch worth $500.

Seeing that prevalent methods of dealing with rapists are unavailing; that proposed remedies are impracticable or likely to be useless, I really think it would be "worth while" to try asexualization in all cases of attempted rape where there has been no penetration, and in all established cases of sexual perversion which has been expressed in unnatural acts of gratification. For the successful rapist,—white or black,—and for the rape-murderer, death, swift and without pity or remorse. The preservation of self and the protection of home are man's highest instincts and first duty.

I really believe that this measure will do more to check the evil of criminal assault than anything else. A negro values the "witnesses of manhood" more than life, and would give up life with less reluctance. The fear of the loss of those possessions would have more terror and more restraining influence on his acquaintances, and on the evil disposed—and the moral effect would be greater than that of shooting, hanging, or death at the stake. It is the only rational remedy. It is based on science, and will be at once, punitive, curative and preventive,—perhaps.

Correspondence.

The Stegomyia Mosquito.

San Antonio, Texas, April 19, 1904.

Editor Texas Medical Journal:

In your issue of this month, on pages 418,419, Dr. Graves has utterly misrepresented the meaning of my paper in the United States Weekly Health Report in regard to the geographic distribution of the yellow fever mosquito. He has quoted the list of localities from which, prior to last November, I had actually received specimens of this mosquito, and from the absence of San Antonio on the list he has disingenuously made the inference that *Stegomyia* does not occur in this city. As a matter of fact in the rest of the paper, from which he does not quote, I show that the yellow fever mosquito must occur in almost every city in Texas, as well as in all of the other Gulf States.

I beg that you will explain this, as I do not wish to appear in

the eyes of your readers quite as ignorant as Dr. Graves would seem to wish to make me. I trust that you will see the justice of such action.

Very truly,

(Signed) L. O. HOWARD.

[Dr. Howard is the entomologist of the United States Agricultural Department.—ED.]

Back Numbers Wanted.

COLUMBUS, TEXAS, May 9, 1904.

F. E. Daniel, M. D., Publisher Texas Medical Journal, Austin, Texas.

MY DEAR DOCTOR: At the recent session of the Texas State Medical Association there was appointed a committee to collect and republish a number of volumes of its earlier transactions, that are about out of print, or so mutilated as to be unavailable. The volumes that the committee is desirous to secure are volume 1, published in 1871 or 1872, and, second, the transactions of 1872, 1873, 1874 and 1875, published in one volume; third, transactions for 1876, 1877, 1878, 1879 and 1880. Any member of the profession who can supply any one or more of these transactions, even if they are not in perfect order, will confer a favor upon the committee.

R. H. HARRISON, M. D.,
Chairman.

The Red Back an Essential Medium.

CHICAGO, April 20, 1904.

F. E. Daniel, M. D., Editor Texas Medical Journal, Austin, Texas.

DEAR DOCTOR DANIEL: We take this occasion for thanking you for your kindly mention of Phospho-Albumen, in the current number of the TEXAS MEDICAL JOURNAL, and assure you of our appreciation of both the journal and your methods.

It may interest you to know that in making up our list for advertising, that the TEXAS MEDICAL JOURNAL has always appeared as an absolutely essential medium, as the writer has always appreciated its high standing and careful management. It has been our intention for some time to write you to this effect, but have neglected doing so.

Very sincerely,

THE PHOSPHO-ALBUMEN CO.

THE

TEXAS MEDICAL JOURNAL.

AUSTIN, TEXAS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITED AND PUBLISHED BY
F. E. DANIEL, M. D.
Mrs. F. E. DANIEL, Managing Editor.

ASSOCIATE EDITOR:
WITTEN BOOTH RUSS, M. D., San Antonio, Texas.

Published Monthly at Austin, Texas. Subscription price $1.00 a year in advance.
Eastern Representative: John Guy Monihan, St. Paul Building, 220 Broadway, New York City.
Official organ of the West Texas Medical Association, the Houston District Medical Association, the Austin District Medical Society, the Brazos Valley Medical Association, the Galveston County Medical Society, and several others.

STATE MEDICAL ASSOCIATION OF TEXAS.

The Big Meeting at Austin.

The thirty-sixth annual meeting of the State Medical Association of Texas was held at Austin as per announcement, April 25, 26, 27, 28, 29, ult. There was a very large attendance and the utmost enthusiasm and harmony prevailed. It broke the record for numbers, and all went away saying they never had so good a time in their lives. Members who had dropped out years ago and who had not attended a meeting since the woods were burnt, put in appearance, and caught on with renewed interest. Lots of new faces turned up also, and it was a delight to meet and shake hands with hundreds of recruits. It was doubly pleasant to feel the cordial grip of the old, tried and true,—the old guard I call them. The Houston doctors who have charge of the arrangements for the 1905 meeting, are on their mettle. The spread here has pricked the side of their intent—or something like that—and they say that next April they will lay it over Austin in the way of a rousing meeting and entertainments if it takes $5000 to do it, and they'll get the money.

I do not think it would particularly interest anybody to give the titles of papers read, and as I have not room to do it or publish the discussions, I just cut it out, and give below a sort of running

F. E. DANIEL, M. D.,

President State Medical Association of Texas, 1904-1905.
Virginia, 1839; M. D. from New Orleans School of Medicine, February 1862; Surgeon Confederate States Army, 1862-1865; First Vice-President American International Congress on Tuberculosis, St. Louis, 1904; Editor Texas Medical Journal, 1885 to 1904; etc.

account of the meeting, together with some of the pretty speeches. The House of Delegates met and organized Monday, April 25th.

TUESDAY, APRIL 26.

The first session of the State Medical Association met at 10 o'clock in the auditorium of the University of Texas and the meeting was well attended. The convention was called to order by Dr. T. J. Bennett, chairman of the committee of arrangements. He declared the convention formally opened.

Dr. H. S. Werlein, pastor of the Tenth Street Methodist church, invoked divine blessing upon the members of the association, after which Mayor White officially welcomed the association to Austin on the part of the city. He declared that Austin had been turned over to them and everything therein was theirs. He turned over the keys of the city to the doctors. His speech was short but very appropriate to the occasion.

DR. BRIGGS'S ADDRESS OF WELCOME.

Rev. R. J. Briggs, M. D., welcomed the association on behalf of the citizens of Austin. He said:

Gentlemen of the State Medical Association.—I have the honor and pleasurue of bidding you welcome today in the name of the citizens of Austin. I wish to assure you at the outset that our welcome is not a mere conventionalism arising out of the courtesies of a polite and elegant society. It means far more than this. Although extended thus publicly, and to you collectively, our welcome is as cordial and sincere as that which you individually meet at the doors of our homes, when you enter them as the angels of hope, of health, and of healing.

It is as the truest friends of the family that we welcome you first of all today. It is the sacred and tender relation of the family physician which lies back of and glorifies this scene in the eyes of our citizens today. No man stands nearer to our hearts; no man is more honored in our souls; no man is more truly loved and implicitly trusted than the family physician. And so, speaking for the citizens of Austin today, I but voice in the form of public welcome the love and confidence by which you are linked in closest bonds to the thousands of homes that dot the surface of our fair State.

Again we welcome you as representatives of the world's truest philanthropy. We live in a sorely tormented world. No part of it is undarkened by sorrow, undesolated by death. Early and late. from populous city and sequestered hamlet. from the palaces of

the rich and the hovels of the poor, there comes that never ceasing cry of agony which weeps by the bedside of the sick and wails above the forms of the dying and the dead. In a world where such dreadful experiences are so constant and so universal, who can doubt that in medicine philanthropy finds its tenderest and most comprehensive mission.

We sometimes feel pity for the man whose whole life is passed amid the maimed, the halt and diseased, who always sees human nature at its worst. The spirit of philanthropy and of reverence for human nature is in no man so constantly and sorely taxed and tested as in the physician. For in the sick room you most often reach the bottom of man's meanness, his selfishness and cowardice. There you see human nature in decay; as unbeautiful as the workings of continual weakness, pain and want can make it. And the man who, unrepelled by all this, crosses the threshhold gladly as the angel of true service, with heart too full and hand too busy for aught but the gracious ministries of helpfulness and healing—he is a true philanthropist.

This is the spirit which glorifies the practice of medicine and which has flowered out in its history into many a blossom like that which glorified the passion tree which stood on Mount Calvary—the passion tree whereon self is crucified for others. Gentlemen, it is the aroma of that spirit which you bring into our city today; and it falls upon the spiritual senses of our people as the fragrance of an unseen bank of violets and makes all the air redolent, and falls upon and charms the senses of every passer by the way.

Again we welcome you as representatives of the greatest and noblest of the sciences. It is the greatest in its intellectual excellence as well as in its moral disinterestedness. We live in an age of wonderful scientific activity. Discoveries are crowding thick and fast upon us. Inventions are leaping into light as meteors strike downwards into the air. The scientific spirit is pushing its investigations far and wide across the realms of truth. It is grappling with, subverting and subduing all the obstacles of earth and time and space—climbing from crest to crest of marvelous achievement, until all things material are trodden under foot or enlisted in its service. And foremost in this shining march of progress moves the science of medicine. It is amazing to contemplate the progress and triumphs of medical science during the last fifty years. Endowed with marvelous vitality, laying all nature and art under contribution to its progress, commanding the genius and devotion of thousands of master minds, its triumphs have been marked by

immeasurable splendor. Quickened by exhaustless energies which halt only where the finite ends and the infinite begins, it has moved down the path of the centuries exploding the errors of the past, dissipating the obscurities of the present and illuminating the sky of the future with the bright promise of still grander triumphs to come. Your researches and discoveries in pathology—the morbid anatomy and physiology of man—in the phenomena and laws of disease, and the means and methods of its cure, in the art of preventive medicine, in the forces and agencies helpful or hurtful to human life; your triumphs in the noble art of surgery constitute, in the opinion of your speaker, the proudest chapter in the scientific history of the world. We are glad to fling wide our city gates and the doors of our hearts and homes to a body of men devoted to so great and progressive a science.

But we welcome you not alone as representatives of the greatest of the sciences—students of the mysteries of nature and of life—searchers after truth that is universal, and knows no race nor clime, no tribe nor nation—but we welcome you as representatives of the noblest of the sciences—one which must elevate the soul as well as the body; which must chasten the heart, and teach reverence for Him who moves behind and through all the phenomena of nature; one which must teach charity for all men, sympathy for their misfortunes and patience with their transgressions; one which teaches us our own littleness and the awful majesty of Omnipotence, which makes wiser, braver, better men, true philanthropists, working with lofty aim toward definite, benevolent ends, and the grand purpose of which is the relief of all the mental and physical infirmities of mankind—the attainment of that glorious ideal—a sound mind in a sound body.

Gentlemen, in the name of the citizens of Austin, I bid you cordial welcome to our city, to our hearts and to our homes.

DR. DANIEL'S ADDRESS.

Dr. F. E. Daniel of Austin welcomed the visitors on behalf of the medical profession. He said:

Brothers and colleagues, I greet you! To each of you individually I extend the glad hand and bid you welcome. On behalf of Travis County Medical Society, whose honored guests you are, I welcome you to the queenly capital of the proudest State in America. When, in that ancient day, to be a Roman was greater than a king, Rome, from her seven hills, ruled the world. Austin, crowning, like a diadem, the beautiful cedar clad hills of the Colorado,

from her throne of beauty rules an empire greater than Rome. She guides the course and shapes the destiny of the great empire of the West, the future home of teeming millions. Here her laws are made. Here resides the authority for their enforcement and execution. Here sit her learned tribunals for their interpretation and construction, and here is located the pride of Texas,—her great

DR. IRA CARLETON CHASE, FORT WORTH,
SECRETARY.
University and Bellvue Hospital Medical College, New York, Class of 1899.

university. In this hotbed of learning there are ever incubating the embryo statesmen, philosophers, educators, authors, and scientists of the future, the coming doctors to take your places as units in that great and growing body, the medical profession. It is interesting to note the potentiality of the small boy. It is more so to contemplate the capacity for evolution and development of the embryo doctor. As the tiny seed sends out the tender sprout, whence springs the sturdy stalk, and the leaves unfold to kiss the

summer sun and drink the dews of heaven, it completes its lifework with a burst of beautiful bloom and perfume to delight the senses, so may the Pasteur of the future be now germinating in the embryo student of medicine, or the Virchow or Helmholtz, the Herbert Spencer or Huxley, the Crooke or Roentgen, or that great American physician, the immortal Finlay, who has so recently given us the key to the problem of epidemic yellow fever. So mote it be.

The eyes of the world are upon Texas, and her medical men are in focus. Everywhere Texas physicians are esteemed the peers of the ablest in the land and their scientific work as given to the world in your yearly transactions receives the highest commendation of the medical press of the world. The State is proud of you. It is especially gratifying to see such an attendance, doubtless in response to the stimulus of reorganization and reawakened interest.

It is cause for congratulation to see the fruition of our long cherished hopes, a united, harmonious and prosperous medical profession.

I welcome you to a brief rest from your routine and exhausting labors. I know what they are. I know the wearing, anxious care, the fatigue, the lonesome night vigils by the bedside, the dreary, monotonous rides by night and day, through sun and sleet and snow and storm, without a thought of self, bent solely on your noble mission, happy and content if you can snatch from the jaws of death one curly-headed mother's darling or bring both mother and babe safely through the perils of parturition. I know what a joy and delight it is to lay down your burden even for a brief period and get away from the carking cares of your daily routine, and I welcome you to that rest. Here in the delight of scientific debate, the intellect is sharpened to keenest edge. You grasp the hand of the new found friend and greet the old, true and tried, from every section of this great big State. You meet their wives and sisters and daughters and enjoy their social intercourse. You meet the flower of womanhood of this, your capital city, and partake of their hospitality and the many amenities of social life, which, like flowers by the roadside, make less rugged your pathway through life.

While we have great cause for congratulation and rejoicing, we have, alas, cause for sorrow. In the brief year now sped into the past, beyond recall, a brief twelvemonth since last we met, death has extinguished the fires of life that but so lately burned brightly in the bosom of some of our dearest and best. We miss them and

mourn them. Who that was at San Antonio last April does not recall the joyous, the winsome West, and see his face, radiant with happiness, and beaming with zeal and intelligence, and feel again the grasp of his honest hand in congratulation as he saw the work accomplished, so ardently desired, so earnestly sought. Around the secretary's chair will ever cluster the fondest recollections and the tenderest regrets for brave Hamilton West. It is a pleasing thought that they are with us in spirit today, that from the realms of yon bright elysium of peace, sped on angels' wings, they waft us a benediction and breathe a prayer for the harmony and success of the association they loved so well. Reverently we drop a tear to their memory and sigh in sorrow for their loss, but we must press on. Men perish, but their thoughts and deeds live on forever. Science never stops. We must push onward and upward to the accomplishment of our allotted work, "still achieving, still pursuing," go on and on, "heart within the God overhead." * * *

Again I welcome you. We welcome you to the warmest place in our hearts, welcome you to the innermost sanctuary of our homes. We welcome you to our most generous hospitality. We are yours. The door is open; the lid is off. If you don't see what you want, ask for it. If you do, take it.

PRESIDENT PRATHER'S ADDRESS OF WELCOME.

President W. L. Prather of the University of Texas welcomed the delegates on behalf of the University. He said:

Mr. President, Ladies and Gentlemen: I esteem it a great privilege to welcome this body of distinguished men and women to the University of Texas and to extend to them most cordial greetings in behalf of the regents, the faculty and the students of this institution. We greet you not as strangers, but as friends, as fellow citizens of a great commonwealth, which here in Texas, amid these surpassingly beautiful hills of the Colorado, located its capital and designated this elevated and historic spot as the site of its future university.

Here, after years of delay, is gradually being realized the cherished design of the people of the Republic and of the State, the establishment within Texas of an institution for the instruction of the youths of the land in the higher branches of learning, which shall be so endowed, supported and maintained as to confer upon the sons and daughters of the State, whether rich or poor, a thorough education. This was esteemed a means whereby might be secured the attachment of the younger men of the State to the

interests, the institutions, the rights of the State, and the liberties of the people.

Here is one institution which was founded by the republic and the State of Texas that represents no one locality, no single class, no special sex or sect of our people. Born of the wisdom, baptized with the love and endowed with the wealth of our fathers, it stands for the unity of Texas. It is your university and mine; it is the house for which our fathers laid the foundation for the benefit of their children and we are not strangers to each other here.

Here upon this commanding eminence, overlooking your great granite capitol, were planted during the Civil war the guns of General Magruder for the protection of the old capitol. Here today we are planting sentiments of patriotism in the hearts of the youth of Texas, which, in the years to come, will prove a surer defense to yonder capitol than shot and shell from cannons of brass and steel. And allow me to say, in passing, that it is wiser to train the youth of the land for the higher, nobler and more lasting triumphs of peace which advance civilization than for the victories of war which involve the destruction of lives and property and degrade mankind.

Here were spent the crowning years of that great lawgiver of Texas, O. M. Roberts, the ripeness and richness of whose legal attainments were devoted to the organization of the law department of this institution in conjunction with Judge Robt. S. Gould, the learned jurist and Christian gentleman, both ex-chief justices of our supreme court. Here the last years of the pure and devoted life of Dr. Leslie Waggener were spent. These consecrated lives have left their impress upon this institution, and the aroma of their virtues, like precious incense, lingers in these halls. Here for twenty years has been lived the pure and blameless life of Mrs. Helen M. Kirby, dean of women, the sister of your own accomplished and knightly Dr. R. M. Swearingen, she who is as distinguished among women as her brother was among men. The late Dr. Ashbel Smith and Dr. Thos. D. Wooten, members of your honored profession, were respectively the first and second Presidents of the Board of Regents. Two of the members of our exceptionally able Medical Faculty, Drs. J. F. Y. Paine and J. W. McLaughlin, are ex-presidents of your State Association. There are, therefore, many ties which bind you to this institution. We welcome you as citizens and as members of a learned profession which is doubly dear to us. We rejoice in the fact that your sessions will be held in this auditorium, and that for the four days of your meeting you

will have the opportunity of seeing us daily as we are engaged on our work. Our daily recitations, our lectures and our laboratories will be open to each and all of you, so that you may come in at any time, remain as long as you wish and depart when you desire without explanation and without fear of interfering with our work. In brief, ladies and gentlemen, we are yours and you are ours.

I will not say to you as the mayors of our towns sometimes say, who wish to emphasize their hospitality, that you may take anything in sight and ask for anything you do not see. All that is here is the property of the State, and, therefore, yours, but we wish you to leave with us your benediction and take away only delightful impressions and charming recollections of your visit.

* * *

President Paschal responded to the address in a very eloquent manner. They didn't get it down. Section work then began; the House of Delegates went to work.

* * *

PRESIDENT PASCHAL'S ADDRESS AND THE ANNUAL ORATION.

THE NIGHT SESSION.

At the night session the entire association was present and opened by music furnished by the band from the State Insane Asylum.

Dr. T. J. Bennett of Austin then introduced Dr. Paschal of San Antonio, President of the association, who delivered his annual address.

He said in part:

The constitution of our State association requires that the President shall deliver an address, and in obedience to this mandate I have the honor to acknowledge your presence and I must crave your kind indulgence while I perform this duty.

It is not my purpose to trace the origin of diseases which began, no doubt, when the mythical Pandora opened the casket and liberated the germs that have ever since afflicted the human race, and will forever continue to do so; but it is to say something of that well worn subject, but to us an ever interesting one, of doctors, and their relation to the public. In speaking of them it will not be of Esculapius, or Apollo, of Hippocrates or Galen, of Velsalve, of Harvey, Jenner, Sydenham, or other great men who have adorned our profession—it will be of those who are dearer to us—of the physicians of our own great State of Texas. They by their professional attainments, their struggles against hardships, their unswerving devotion to duty, and their achievements in benefiting

the people of the commonwealth, are justly entitled to the highest praise, and to be ranked foremost amongst the greatest benefactors that this State has ever known.

In speaking of diseases it will be of how to prevent some of them from reaping untimely harvests, and others from entailing untold sufferings, interrupting commerce, producing consternation and bringing financial ruin in their wake. We must remember that life at best is but a short span, and to lengthen it we devote our best years to unselfish labor. The greatest physicians are those who prevent diseases and not those who assist nature in curing them.

The State Medical Association has met here today for the first time since adopting the plan of organization, approved by the American Medical Association. It is a source of pride and pleasure, to know that fifty-one years ago the State Medical Association of Texas was born in this city, Austin. The plan under which we are now operating is similar to the one of 1853, which provided that county and district association should be subordinate branches of the parent association, and that county societies should be chartered by the State association upon the recommendation of the councilors, exactly as required now. In proof of this I submit the charter granted in 1853 by the State Medical association to the Bexar County Medical Society.

Dr. Paschal then gave a brief history of the association from its inception on January 17, 1853, up to the present time, when it is in such a flourishing condition. He next touched on medical legislation in which he showed the great difficulty encountered in getting through any measure pertaining to the medical profession.

Dr. Paschal then took up the question of public health and quarantine and declared:

"Unquestionably the most important subjects that should receive legislative consideration, are those appertaining to public health, and quarantine as it stands today, is far from satisfactory. Every county in this State has the right to decree a quarantine against another county, without the leave or sanction of the Governor or State Health Officer, whenever in the opinion of the county commissioners and county health officers some infectious or contagious disease justifies such action. The county health authorities are superior under the law to the State Health Officer."

He talked of the Boards of Health. He said that a better law relative to public health and quarantine should supercede the present one. The other subjects touched on were: "Adjudging the

Insane," the "Eleemosynary Institutions," and concluded by giving the proper credit where it belongs to the State Medical Association.

In the course of his remarks he paid a compliment to Dr. Wallace of Waco, who was one of the reorganizers of the present association in 1869 and one of the original organizers of the first association in 1853.

Among those present was Dr. C. A. L. Reed of Cincinnati, chairman of the American Medical Association committee on legislation, who was presented to the association.

The band then played another selection, after which Dr. Bennett introduced Dr. H. A. Barr of Beaumont, orator of the association, who delivered the annual oration. He said that in contemplating the demands of propriety which confronts him many emotions have been experienced, some of them conflicting and some of them not so. He took as his subject, "The Physicians of the Past and Present and Something of what They Have Accomplished." His effort was a masterly effort. He closed by paying a glowing tribute to the charming ladies present at the meeting.

This concluded the meeting for the evening. The members then made an inspection of the library and different departments of the University.

* * *

Election of Officers.—The House of Delegates announced Friday morning the following officers for the year: President, F. E. Daniel, Austin; Vice-Presidents, J. T. Moore, Galveston; C. E. Cantrell, Greenville; W. W. Shropshire, Yoakum; Secretary, Ira C. Chase, Fort Worth; Treasurer, R. F. Miller (re-elected), Sherman.

* * *

A Mascot.—Dr. W. R. Blailock of McGregor in a ringing speech full of flowers of rhetoric and gems of eloquence proposed that the association adopt a mascot, and nominated Mrs. F. E. Daniel to be its first and only one. He was seconded by Prof. Paine and others in pretty speeches, and the wife of the President-elect was adopted by acclamation as the association's mascot. Mrs. Daniel was escorted to the rostrum by Drs. T. T. Jackson of San Antonio and G. B. Foscue of Waco. She made a very graceful acknowledgment, which captured the convention. We have the pleasure of presenting our readers with her portrait herewith.

* * *

The newly elected officers, President Daniel, Vice-Presidents Moore, Cantrell and Shropshire, Secretary Chase and Treasurer

Miller were all in turn presented to the House of Delegates and all made what seemed to be very acceptable speeches, all of which our reporter failed to get. Dr. Daniel in presenting the Vice-Presidents-elect, happily designated them by titles that will stick; e. g., Cantrell, "The Tall Sycamore of Hunt," Shropshire, one of the bandwagon's wheelhorses, "The Mighty Sampson of the Southwest." Then the officers had to be again presented to the full convention when the House adjourned to the auditorium and joined the scientific body, and speeches were again called for, all of which our reporter again failed to get.

Councilors.—First District, J. T. Turner, El Paso; Second District, P. C. Coleman, Colorado; Third District, D. R. Fly, Amarillo; Fourth District, C. M. Alexander, Coleman; Fifth District, W. B. Russ, San Antonio; Sixth District, H. J. Hamilton, Laredo; Seventh District, T. J. Bennett, Austin; Eighth District, W. A. Rape, Victoria; Ninth District, H. B. Dechard, Galveston; Tenth District, B. F. Calhoun, Beaumont; Eleventh District, S. R. Burroughs, Buffalo; Twelfth District, G. B. Foscue, Waco; Thirteenth District, J. H. McCracken, Mineral Wells; Fourteenth District, Holman Taylor, Marshall.

* * *

Delegates to American Medical Association.—S. R. Burroughs, Buffalo; Alternate, J. A. Dodson, Vernon; F. Paschal, San Antonio; Alternate, T. C. Whitehead, Del Rio; J. T. Wilson, Sherman; Alternate, C. M. Rosser, Dallas; R. W. Knox, Houston; Alternate, W. J. Jameson, Palestine; J. W. McLaughlin, Galveston; Alternate, A. C. Scott, Temple.

* * *

Orator.—Dr. J. D. Law (we'll have a good oration sure), Belton.

* * *

Time and place of meeting, 1905, Houston, April 24, 25, 26 and 27.

* * *

There were over one hundred papers on the program, about one-half were read and discussed. Among them were some of exceptional value. They will all appear in the Transactions, many in the *Journal American Medical Association,* and some, from time to time, in the "Red Back."

* * *

There was so much to be done to get started that there was not time to hold any memorial services at all.

The President announced the following standing committees:

Public Printing and Legislation.—J. T. Wilson, Sherman; C. E. Cantrell, Greenville; T. J. Bennett, Austin; F. E. Daniel, President, ex-officio; I. C. Chase, Secretary, ex-officio.

Scientific Work.—I. C. Chase, Secretary, ex-officio; T. T. Jackson, San Antonio; G. B. Foscue, Waco.

Publication.—I. C. Chase, Secretary, ex-officio; W. R. Thompson, Fort Worth; D. R. Fly, Amarillo.

Arrangements.—S. C. Red, R. W. Knox, J. W. Scott, Houston.

* * *

Pure Food Bill.—By unanimous vote the Secretary was instructed to write to Senator Heyburn, that it is the sense and desire of the medical profession of Texas, as represented in their State organization, that the pure food bill should pass, extending to him their endorsement and support and pledging him their assistance in every way possible with members of Congress.

* * *

Distinguished Guests.—The Association was honored by the presence of Dr. C. A. L. Reed, of Cincinnati, ex-President American Medical Association and chairman of the Committee on Legislation. Dr. Reed met with the Association's Committee on Legislation, and a plan of co-operation was adopted. He also addressed the House of Delegates. It was much regretted that he was obliged to leave before the fun commenced; though he was the recipient, while here, of some distinguished attentions. He is a very attractive man, known all over the world.

We had with us also that elegant old Virginian gentleman, Dr. H. R. Carter, of the United States Public Health and Marine Hospital Service; the famous yellow fever expert. He favored the Association with a splendid lecture on the *Stegomyia fasciata.* Dr. Carter is from Louisa county, "Old Ferginny," and is kin to Colonel Kyarter, of Kyartersville. It is a delight to know him.

Dr. Jno. Punton, of Kansas City, was also a visitor; the well known editor of the Kansas City *Lancet Index,* and authority on nervous diseases. It was he who detected that Oran Hoskins was malinguering, and saved the railroad company $35,000, judgment for which amount had been awarded by the court at Fort Worth, Texas; and sent Oran where he ought to be.

Our old-time friend, R. H. L. Bibb, of Saltillo, Mexico, Chief Surgeon Mexican National Railroad, was also with us a short while, arriving only on the last day. He was in conference with State Health Officer Tabor and put in very little time at the meetings. He was a distinguished figure, however, at the grand

Phillips' Emulsion

50% best NORWAY COD LIVER OIL minutely sub-divided, WITH WHEAT PHOSPHATES (Phillips')

Pancreatized, Palatable, Permanent, Miscible in Water, Milk, Wine, etc.

Phillips' Milk of Magnesia

$Mg\ H_2\ O_2$ (FLUID.) "THE PERFECT ANTACID."

for correcting Hyperacid conditions—local or systemic.
Vehicle for Salicylates, Iodides, Balsams, etc.

Phillips' Phospho-Muriate of Quinine, COMP.

TONIC AND RECONSTRUCTIVE.

WHEAT PHOSPHATES, WITH MURIATE OF QUININE AND STRYCHNINE.

PHILLIPS' WHEAT PHOSPHATES (ACID).
PHILLIPS' SYRUP OF WHEAT PHOSPHATES.
PHILLIPS' DIGESTIBLE COCOA.

THE CHAS. H. PHILLIPS CHEMICAL CO., NEW YORK

NUTRIMENT THAT NOURISHES

Perhaps your patient's digestion is so impaired that food passes through inert. Hence extreme emaciation and loss of vital force.

Prescribe Hydroleine. The starved lacteals will absorb it with eagerness. The patient will show better appetite and better digestion. Color will supersede paleness. Loss of weight will come to a standstill, then turn to gradual gain and general improvement.

Hydroleine succeeds where plain cod-liver oil and ordinary emulsions fail. Being right in principle, it does the work others cannot do.

Literature sent on application. Sold by druggists generally.

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No physician can afford to be indifferent regarding the accurate filling of his prescription.

ball. Bibb is a Virginian, also a Texan by adoption, and was, in 1882, Secretary State Medical Association. He expatriated himself, much to our regret, and has been living in Mexico since 1884. Bibb is a power in Mexico, and a delightful fellow everywhere. No man has more or more loyal friends.

* * *

Of the social features of the convention week, I will say they were elegant and delightful, and much enjoyed and appreciated. The receptions at the Governor's, at the Drs. Wooten, and at Seton Infirmary and Mrs. Bennett's drive were attended by many of the physicians and by most of the visiting ladies. The festivities closed Friday night by a grand reception and ball and supper at the Driskill. Over one thousand sat down to supper. In the ball room the music rose with its voluptuous swell, on time, per schedule, and the soft eyes looked love, all right, and the lamps shown bright over fair women and brave men, as usual, and so forth. The Travelers' Protective Association tendered the doctors a ball also, Saturday night, but few remained to attend it.

* * *

A section on railroad surgery was created, and a Committee on Revision and Memorials was appointed. They will revise the existing nine sections, making some changes in the name and organization, and report at next meeting.

* * *

A resolution was adopted thanking the President and Faculty of the University for numerous courtesies.

* * *

The appointment of Section officers is announced below. Delegates are elected to serve two years, and are not eligible as chairmen or secretary of Sections. Neither can the Councilors serve. It is understood that it will be the President's policy to not appoint on the Sections any member who has served either as chairman or secretary of any section or held one of the offices within recent years; but to recognize some of the younger men who have heretofore not been honored, and bring them forward and put them in line and training for future officers and leaders, succeeding the present generation; and to give every section of the State representation.

SECTION OFFICERS.

Section on General Medicine.—W. B. Collins, Chairman, Lovelady; S. P. Rice, Secretary, Marlin.

A VALUABLE REMEDY

in conditions attended with malnutrition, general debility and nervous exhaustion is

GRAY'S Glycerine TONIC Comp.

Its reputation is based upon twenty years' successes in cases unbenefited by other treatment.

THE PURDUE FREDERICK CO.,
No. 15 Murray Street, New York.

Lécithine Clin

Phosphorus in the state of an Organic Natural Compound.

"Natural Lecithine extracted from the yolk of Egg, contains Phosphorus under that "very active organic form which is peculiar to medicaments elaborated by living bodies."

PILLS CLIN
of chemically pure Lecithine
Each Pill contains 5 centigrammes of Pure Lecithine.
Sold in bottles of 25 soft gluten coated Pills.

GRANULATED CLIN
of chemically pure Lecithine
Each teaspoonful represents 10 centigrammes of Lecithine.
The granular form is of an easy administration, especially to children.

SOLUTION CLIN
of chemically pure Lecithine for hypodermic injections
Sold in boxes of 8 sterilized tubes of one c.c. each, representing exactly 5 centigrammes of Pure Lecithine.
An intra-muscular injection of this sterilized oily solution must be given every 2 days.

INDICATIONS { NEURASTHENIA, GENERAL DEBILITY, NERVOUS PROSTRATION, RACHITIS, Etc.

DAILY DOSES: ADULTS, 10 to 25 centigrammes; CHILDREN, 5 to 10.

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No physician can afford to be indifferent regarding the accurate filling of his prescription.

Section on Obstetrics and Diseases of Women and Children.—W. R. Blailock, Chairman, McGregor; J. C. Ervin, Secretary, McKinney.

Section on Surgery.—J. H. Reuss, Chairman, Cuero; I. E. Clark, Secretary, Schulenberg.

Section on Psychology and Medical Jurisprudence.—J. S. Turner, Chairman, Terrell; J. S. Lankford, Secretary, San Antonio.

Section on State Medicine and Public Hygiene.—M. M. Smith, Chairman, Austin; H. W. Cummings, Secretary, Hearne.

Section on Gynecology.—J. E. Gilcreest, Chairman, Gainesville; O. I. Halbert, Secretary, Waco.

Section on Ophthalmology, Otology, Rhinology and Laryngology.—E. H. Carey, Chairman, Dallas; J. H. Burleson, Secretary, San Antonio.

Section on Dermatology.—F. R. Martin, Chairman, Kyle; M. L. Moody, Secretary, Greenville.

Section on Pathology.—M. B. Grace, Chairman, Seguin; R. T. Morris, Secretary, Houston.

Section on Railroad Surgery.—C. A. Smith, Chairman, Tyler; W. G. Jameson, Secretary, Palestine.

* * *

Presentation of Gavel.—An interesting incident was the presentation by retiring President Paschal to his successor, of a beautiful gavel, made from the wood of a tree growing on the spot where the immortals Milam, Crockett, Travis and Bowie camped the night before the battle of the Alamo. It is about a mile from the historic Alamo. The gavel is finely polished and beautifully bound and ornamented with silver. On it is a Latin inscription dedicating it to the cause of Truth, Health and Humanity, and on the front is a silver star; on the lower band is inscribed: "As I sheltered and protected the Sentinels of Texas Liberty, so will I watch over the interests of the State Medical Association of Texas." Dr. Paschal presented the gavel with a beautiful and eloquent address, and it was accepted by Dr. Daniel in appropriate words.

* * *

The exhibits were beautiful and numerous. We were much gratified. At all hours the corridors of the great auditorium, where the exhibits were installed, were thronged by doctors and citizens and college people, and a splendid sprinkle of prettily dressed women.

Mellin's Food was prominently in evidence, a fine display, presided over by the genial and immensely popular Col. Henry A. Snyder, the best known "detail man" in Texas.

Tyree's Antiseptic Powder

DOCTOR, this is pre-eminently the age of ANTISEPSIS, but the problem is how to secure that in a manner at once the most convenient and harmless, and at the same time accompanied by such an effect upon the tissues as to lead to rapid healing.

In Tyree's Antiseptic Powder you will find a combination so skilfully made that it is destructive to pathogenic bacteria, and yet bland and unirritating to the most delicate mucous membrane, and its application is accompanied by such a mild degree of stimulation and astringency as to promote the rapid healing of the tissues with which it comes in to contact.

It has been used very successfully in Uterine and Vaginal Catarrhs, Gonorrhœa and Gleet, in Dysentery, in Catarrhs of the Nose and Throat, and in Inflammation of the Mouth and Gums. Its great economy and convenience consists in the fact that you add the water yourself – paying for only the Antiseptic Powder. Thousands of physicians are making successful use of it every day. If you will only try it you will be quickly convinced of its great value.

Sample and a beautifully illustrated little booklet representing the rare obstetrical and gynecological specimens of the Army Medical Museum at Washington, mailed free of charge to physicians.

J. S. Tyree, Chemist, Washington, D. C.

Cystogen Aperient

GRANULAR EFFERVESCENT SALT OF CYSTOGEN

An Anti-Uric Aperient and Urinary Antiseptic, Eliminant and Prophylactic.

CYSTOGEN APERIENT WILL PREVENT INVOLVEMENT OF THE KIDNEYS DURING THE COURSE OF INFECTIOUS DISEASES.

An effective prophylactic in all febrile conditions, particularly scarlet fever, diphtheria, typhoid and other infectious diseases accompanied by high temperature and retarding the activity of the kidneys. Stimulates excretion of urine and flushes the entire urinary tract with a dilute solution of formaldehyd, thus rendering the urine sterile. Inhibits the growth of pyogenic bacteria and prevents decomposition of urine.

Prevents formation of uric acid accumulations and dissolves concretions in their incipiency.

CYSTOGEN APERIENT is particularly valuable in **Gout, Rheumatism, Calculus, Cystitis, Gonorrhœa** and all **Infectious Fevers.**

Dose: A heaping teaspoonful in water three or four times daily.

Samples and literature will be furnished on request of physicians.

CYSTOGEN CHEMICAL CO., St. Louis, U. S. A.

D.63

E. Fougera & Co.'s beautiful display of their famous pharmaceutical specialties was in charge of the courteous Henry Copleston, a Texas man, by the bye, with whom my acquaintance began in Fort Worth away back in 1882.

The doctors flocked around the tables, and were delighted to get samples of the famous "Colchi-Sal," Cypridol, Apioline, Morrhual Creosote Capsules, and the "Clin." preparations. They had seen them advertised in the "Red Back," and it was like meeting old acquaintances.

The "Denver fellows" (Denver Chemical Co., N. Y.) were represented by a big, handsome fellow, Dr. Joseph Weiss. Not a doctor who met him will ever forget him, or the wonderful product of their laboratory—Antiphlogistine. This preparation has taken like wild fire, and the sales in Texas are immense.

The Appletons were there with a fine display of medical books. It attracted much attention.

The *Medical Recorder*, our young and sprightly neighbor at Shreveport—only four months old—but it crows lustily, was represented by a nice young lady, Miss Lucy Lane, and for one day the lordly Oscar Dowling, the handsome editor, was on hand, and charmed the Texas doctors. We are getting jealous.

The *Medical News* had a fine show-up under the management of Miss Wooldridge; and last, but not least, the famous "Red Back" was on deck, and Mrs. and Miss Hicks, who dispensed its favors and took in the cash, did a rattling business.

Then there was a fine display of surgical instruments by the Kirby Co., of Dallas; Dr. McClure, President of the Co. and Dr. Vick, being in charge. Another fine display of ditto, plus office furniture by the A. P. Cary Co., Dallas, and the Spears Co., of San Antonio.

Then there was a handsome and polite young fellow in charge of Horlick's Malted Milk, and the way the girls and "boys" (I mean the "ladies" and "doctors") did flock around that fountain flowing with malted milk and melted honey, was amazing.

Sharp & Dohme were represented by the cheery, the dear old big sunflower, the ubiquitous, Cornell, with a happy smile and a friendly grip for every one. They had no display.

The Houston Optical Co. also had a pretty lay out, in charge of the head of the firm. I can't recall any others. There was a Chicago publishing house represented by Dr. McCormack.

Oh, take it altogether, we just had a delightful time; a time to be long remembered.

Our Medical Licensing Board.—By reference to report here-

RESINOL STOPS ITCHING INSTANTANEOUSLY

RESINOL is a specific for Pruritus Ani and Pruritus Vulvæ.

RESINOL is the best dressing for Burns, Scalds, Carbunckles, etc.

℞: Ung't Resinol.

Resinol is a prompt local Antiphlogistic in any form of Dermatitis.

RESINOL is absolutely Harmless, Non-irritating and Non-poisonous.

RESINOL is the most effective remedy known for Eczema, Herpes and other skin eruptions

RESINOL reduces inflammation on Mucous as well as Cutaneous Surfaces.

Samples sent on request.

RESINOL SOAP

is the best Medicated Soap for the Toilet, Bath and Nursery. It corrects any morbid exudation, removes odor, and nourishes the skin and underlying tissues.

Water does not irritate if Resinol Soap is used, and it is the only Soap that will give satisfaction in bathing eczematous and inflamed surfaces.

RESINOL CHEMICAL CO.,

BALTIMORE, MD.

Branch: 97 New Oxford St., London, Eng.

Agents: Chas. Markell & Co., Sydney, N. S. W.

with published it will be seen that license was refused fifty-six applicants out of ninety-three. The State of Texas has cause to be proud of the showing. It demonstrates that, although we have a defective law, one that exempts the "drugless ones" from examination (please, God, we will knock that out next Legislature), we have a good Board, and they have fixed the standard of requirements high. The examinations, while of an eminently practical kind, are rigid and thorough. Illiteracy was the cause of rejection of many. You can not make a silk purse out of a sow's ear; nor, as the lamented Love said, you can not make milk punch out of a cow's ear; nor can you make a physician out of an uneducated man. No one should be licensed to practice medicine who can not write the English language at least with a fair degree of accuracy, and a decent regard for the ordinary rules of grammar. Think of licensing a fellow to practice medicine who spells Texas with a little "t," and capitalizes "it," "may," "be," "but," etc. One of these rejected fellows wrote, "it is proBible."

Fifty-six rejections out of ninety-three applications. That is a record breaker. I hope it will deter plow boys from trying to practice medicine before they learn to read and write. Let me see; that is over 60 per cent. Good. There are too many offerings. We must skim off the cream for use and throw the blue John to the pigs. Let none but educated men try to pass the Texas Board. I am opposed to recognizing license from *any State* Board whatever. Let us do our own licensing. If a man can pass Virginia or Kentucky or Illinois, he oughn't to be afraid to try Texas.

To the Members of the State Medical Association of Texas.—Now that a great interest has been awakened in organized medicine, every member who feels the interest in it that he should feel, will want to keep in touch with its work, and be informed of all reform proposed and to know the news generally, concerning our interests. To this end, every one not already a subscriber should at once enroll under the banner of the "Red Back," the champion and defender of legitimate medicine and its interests, and for twenty years a constant advocate of the highest and purest standard of professional character. Besides the Association matters, of which it will be a monthly exponent, there will always be found in its pages high-class papers by able writers, and much else that an up-to-date physician will value and appreciate. Send in your names now. If not convenient to send the $1.00, you can pay "the pretty young lady" at the next meeting.

Apioline
Relieves
Dysmenorrhœa
and
Amenorrhœa
AGENTS:
E. Fougera & Co
NEW YORK.

Morrhuol
Créosote
Capsules
Active Principles
of
Cod Liver Oil & Créosote
Non Irritating to Kidneys.
Perfectly tolerated by the Stomach.
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Gyridol
A Specific
in
Syphilis
Does not salivate
or disturb
digestive functions.
AGENTS:
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NEW YORK.

No physician can afford to be indifferent regarding the accurate filling of his prescription.

News and Miscellany.

Dr. W. P. Pullen, Jacksonville, Texas, died April 10th (ult.) of pneumonia.

Dr. H. C. Whitehead, City Physician of Fort Worth, died in that City Aril 22d (ult.) of consumption; aged, 43.

The *Mississippi Medical Record,* Vicksburg, has been adopted by the State Medical Association of Mississippi as its official organ; and the name has been changed to the *Journal of the State Medical Association of Mississippi.* Always sprightly and interesting, it will "smell as sweet by any other name." We congratulate the Association.

The great Brazos Valley Medical Society held it seventeenth annual election at Caldwell May 10th and 11th inst. It was a disappointment to the editor that he was not able to be present, as he hoped to be, as the B. V. fellows know how to make it agreeable for visitors.

Dr. T. J. Bennett, of Austin, Councilor for Seventh Medical District, inoculated himself in the left forefinger while removing spiculæ of bone in a suppurating wound at Thorndale May 13th. He has been critically ill, suffering from general septicæmia, and two operations have been performed for abscesses of the hand. At this hour, May 17th, 9 a. m., his condition is favorable to recovery, but still dangerous.

Death of Dr. Jno. O. Scott, of Sherman.—One by one the leaves are falling. Soon there will be left on earth none of the brave spirits of the immortal Medical Department of the Confederate States. Dr. Scott was a Confederate surgeon. He was a Kentuckian, and a great scholar, in the classics as well as in the literature of medicine. Only a short while ago his distinguished brother, ex-Medical Director Preston B. Scott, of the Mississippi Department, died at his home in Louisville, and now we are called on to chronicle the death of this good and great man. Dr. Jno. O. Scott died at his home in Sherman, Texas, April 8th (ult.)

ANTIPYRIN "KNORR'S."

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East Texas Medico-Chirurgical Association.—The next meeting of the East Texas Medico-Chirurgical Association will convene in the "City of Elberta Peaches and Tomatoes," i. e., Jacksonville, at 9 a. m., May 26th and remain in session two days. The Northeast Texas is hereby invited to be represented, as there will be an effort made to consolidate the two as "The N. E. T.," and, as far as I am concerned, I hope to see the consolidation effected. It must also be remembered that the Cherokee County Association also meets here at that time in joint session with the E. T. M.-C. All members are urged to be present.

E. E. Guinn, Secretary.

The Association of Medical Officers of the Army and Navy of the Confederacy will meet at Nashville, Tenn., June 14th, 15th and 16th prox. Dr. Jno. R. Gildersleeve, Tazewell, Va., is President.

Report of the Last Meeting of the Board of Medical Examiners for the State of Texas.—Dr. M. M. Smith, Secretary of the Board of Medical Examiners, gave out the following report of the meeting held in Austin, April 21, 22 and 23, 1904: Total number of applicants for examination, including all subjects, 97; total number who appeared for midwifery examination, 4; total number who passed successful examination for midwifery, 3; total who failed to pass the examination for midwifery, 1. Those who passed successful examinations for midwifery are as follows:

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Mrs. M. E. Brooking, Star, Texas; Mrs. L. Willig, San Antonio, and Mrs. Mary Fillips, Ammonsville. Total number of applicants to practice medicine and surgery, 93; total number who passed successful examinations, 34; total number of conditioned (that is, are entitled to another examination in one branch), 3; total number who failed, 56; total number of lady applicants to practice medicine and surgery, 1, passed; total number of negroes who applied for examination, 8; total number of negroes who passed, 3; total who failed, 5. Dr. Smith believes the very large number of failures is due to the large number of undergraduates who applied for examination. The Board adjourned to meet in Houston, June 15, 1904. Those who passed successfully their examination in medicine and surgery are as follows: Robert Bailey, Coleman; George S. Beaty, Dallas; G. G. Bell, Tyler; O. T. Bundy, Milford; J. E. Crawford, Shelbyville; John Darst, Lillard; S. V. De Pew, Cleburne; Joe V. Dozier, Mt. Vernon; Wm. M. Drake, Marshall; Everett Lee Dye, Plainview; Wm. P. Farrington, Hearne; E. Marion Foster, Manchester, Ohio; Oscar C. Garrett, Washington; H. J. Germany, South Bosque; B. E. Greet, Dallas; J. H. Hicks, Ben Franklin; L. F. Johnson, Buna; W. J. Johnson, Cookville; Stephen Jordan, Center; Nettie Klien, Texarkana; T. B. McAnally, Cumby; C. L. McClellan, Dallas; W. E. McMordie, Gatesville; Oscar McMullen, Rockport; J. Oscar Meharg, Fort Worth; W. L. Michael, Sherman; C. W. Ory, Dallas; W. G. Priester, Houston; James K. Smith, Texarkana, Aleck Spencer, Temple; Phillip M. Sunday, Washington; M. E. Tadlock, Chico; F. D. Teas, Canadian; C. C. York, Fort Worth.

Dr. F. D. Thompson, of Fort Worth, has accepted the chair of surgery in the Medical Department of Baylor University at Dallas, vice Dr. S. E. Milliken, resigned.

Death of Mrs. Tabor.—The Journal is pained to announce the death of Mrs. Virginia Tabor, wife of State Health Officer Tabor. This most estimable and beloved lady passed away Saturday, April 30th, at 12:30 p. m., after an illness of less than a week. The whole State was shocked at the sad news. Dr. and Mrs. Tabor were recent additions to the social life of Austin, and in the short year or so they have lived with us they had won all hearts. Their beautiful home was but recently finished, and they were comfortably domiciled, with prospect of long and happy life

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before them. But the death Angel snatched away its ornament, and left desolate hearts within. Mrs. Tabor was Miss Virginia Williams, of Denton. She leaves two little sons, aged 2 and 7 years, respectively. Our heart goes out in tender sympathy to them and the distressed father.

Tubercular patients will be interested to know that on the hills of Kerr county, on the bluffs of beautiful Guadalupe, one thousand feet above sea level, Dr. C. H. Wilkinson, my old-time friend and colleague in Galveston in the terrible times of 1867, has a delightful camp sanitarium: an ideal place for consumptives in early stages to live and get well. Dr. Wilkinson meantime has an office in Hicks building, San Antonio, where he can be reached by letter or consultation in person.

Dr. M. K. Lott, so well known in connection with the hyoscine treatment of morphinism, etc., has, in conjunction with Dr. Jno. W. Kenney, established a sanitarium in San Antonio for drug and whisky cases. See their announcement in advertising pages.

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Books and Magazines

ROGER ON INFECTIOUS DISEASES.—Their Etiology, Diagnosis and Treatment. By G. H. Roger, Professor Extraordinary in the Faculty of Medicine of Paris, etc.; translated by M. S. Gabriel, M. D., New York. In one octavo volume of 864 pages, with 43 illustrations. Cloth, $5.75 net. Lea Brothers & Co., Philadelphia and New York. 1903.

Professor Roger has had opportunities for the study of infectious diseases which rarely fall to the lot of any man. In the hospitals under his charge are received all cases of contagious diseases which occur in Paris, and he has personally attended more than 10,000 patients during a period of five years. The effect and purpose of this work is to harmonize any seeming antagonism between experimental researches and clinical observation and to reduce the theories of infection and immunity to a basis of practical utility.

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PUBLISHED MONTHLY.—SUBSCRIPTION $1.00 A YEAR.

VOL. XIX. AUSTIN, JUNE, 1904. No. 12.

Original Contributions.

For Texas Medical Journal.

The Relation of the Public Schools to the Medical Profession.*

The growing spirit of mutual comprehension and co-operation between the various specialized functions of society is one of the most hopeful indications of progress toward the true aims of civilization. Every problem needs to be considered in the light of related problems, and only when workers in different spheres work with reciprocal sympathy and co-operation can they cease to work at cross purposes. Few men can successfully specialize in more than one department, but everywhere there is need to uphold the idea that specialization ought to be a matter of emphasis, not of exclusion. Relations of the public schools to the medical profession pointedly illustrate the universal principle to which I have alluded.

The health of the people is one of the prime responsibilities of statesmen; also, whatever needs to be developed throughout the life of a people needs to be introduced in the schools. These two propositions, separately acknowledged as they are, would have been more fruitful of practical results had each been dealt with in the light of the other, and both developed with intelligent recognition of their dependence upon medical science. Legislators, teachers and physicians must co-operate. It is not enough that they should be separately interested in the public health; in the

*Paper read by Arthur Lefevre, State Superintendent of Public Instruction, before the State Medical Association of Texas—Section on State Medicine and Public Hygiene, April 27, 1904.

place of unco-ordinated and often mutually hindering efforts, should be substituted intelligent co-operation.

In the brief moments at my disposal, I can merely suggest a few practical measures by which far-reaching beneficial reforms might be inaugurated. Everything that I recommend has been tested, both as to feasibility and as to good effects, in the experience of various other States.

There are other matters, involving public health and protection against disease, where direct legislation is required; but for the immediate matter you have assigned for discussion to me, the only sort of legislation required is the provision of means to execute purposes already declared by statute, and to upbuild authority already conferred. For the most part, the spirit of the laws of Texas is statesmanlike, and in the main their general provisions challenge admiration; but the means provided for executing their purposes are too often absurdly inadequate. An institution "of the first class" is solemnly ordained; but appropriations commensurate with the purpose do not follow. A law wisely requires the public lands to be surveyed; but the surveyors could not perform the work in two centuries. The Constitution nobly commands that the Legislature shall supplement the income from the permanent school fund so that every public school may be maintained at least six months in each year; but even the one-fifth of 1 per cent tax permissible has never been fully levied, and the average school term for the common school districts which depend on State and county apportionments is less than five months. In like manner all needed authority is expressly conferred upon the State Superintendent of Public Instruction; but in some vital matters he is left legally powerless to fulfill duties imposed by law, and in others it is physically impossible with the appropriations made for the Department of Education.

In the matter of co-operating with a department of public health, all that the Department of Education needs, besides adequate appropriations for printing and distributing, is a law requiring the State Superintendent to withhold from any county or independent district amounts due from the State apportionment until reports, required according to law, have been duly received from local officers. The efficiency of the schools would not be thus endangered, because the withholding of a monthly payment would always insure immediate attention to neglected duties—duties imposed by existing laws in the most absolute terms, but left without means of enforcement. As a general proposition no public or private enterprise can afford to pay out great

sums of money without exacting due reports both of the conditions and amounts of disbursements; and vital statistics are withheld which are essential to intelligent supervision. In particular, the mere power to enforce the making of suitable reports *would secure due attention to instructions* concerning, for instance, the examination of the eyesight of pupils, or of disinfecting city school buildings, issued in accordance with authority already amply conferred. A little money and the simple enactment suggested would place the Department of Education in a position to correct many existing unlawful and injurious conditions, and to discharge many useful functions otherwise impracticable.

On the side of the department of health, it seems to me that a bureau for the preparation of bulletins containing subject-matter suitable for distribution by the Department of Education, is the chief prerequisite for an effective dissemination through the public schools of the information needed for the self-protection and self-preservation of the people.

Infectious and communicable diseases are the causes of the premature death of thousands, and the still larger number who survive the primary diseases suffer permanently with their sequelæ. The greater part of this is preventable by means so simple that they can be understood by the pupils of our schools. Through the children parents would become interested and enlightened, and far-reaching results would be quickly secured. It is wonderful how easily children can be interested and instructed in such matters, and how much they will accomplish in practical ways when thus aroused. It is likely that the school children of San Antonio will soon be the means of nearly exterminating mosquitoes and flies in that city, thus saving themselves and their less docile fellow citizens from incalculable danger and suffering.

The school, especially the public school, is a focus to which all contagious diseases—diphtheria, scarlet fever, measles, whooping cough, sore throat, sore eyes, etc.—converge from infected homes, and from which they diverge outward to other homes. In our cities there should be, and easily could be, such daily medical inspection as is already practiced in some cities of Europe and of this country. Every morning the teachers could send to a room provided for the purpose such pupils as showed suspicious symptoms. There the medical inspector disposes of them according to his judgment. The medical inspectors of Boston, in fourteen months, thus examined 16,790 pupils, finding 10,737 cases of more or less serious sickness, of which 77 were diphtheria, 28 scarlatina, 116 measles, 28 chickenpox, 69 pediculosis, 47 mumps, 47

scabies, 33 whooping cough, over 2000 cases of follicular tonsilitis, and an equally number of contagious diseases of the eye. One examiner's report for one week in New York shows 364 children excluded, as follows: Measles 2, diphtheria 13, scarlet fever 1, croup 3, whooping cough 4, mumps 10, chickenpox 15, contagious diseases 59, skin diseases 19, parasitic diseases 227.

The extent of the evils thus prevented is incalculable, but the cost is very little. In Boston well qualified physicians serve at $200 a year, each inspector stopping at four buildings every morning on school days. The work on the part of the teachers is a simple matter consuming no appreciable time, and the visiting physician easily examines the children sent to the waiting room. If a child is found to be too ill from any cause to remain in school, the inspector advises the teacher to send him home to be cared for by parents and family physician, and if the sickness is caused by a contagious disease, he orders the child home and reports the case to the board of health, which promptly take steps for suitable isolation, should the case require such measures.

In villages and country schools the teachers could easily be taught enough of sanitary science and of the premonitory symptoms of many diseases, to accomplish much good and avert much evil, if the simple means already suggested of securing systematic attention to instructions were provided.

I may add that much good service might be rendered even without the preparation of bulletins by a department of public health. Of course, a competent bureau of such a department could prepare much more and better material, more timely to current conditions, and especially adapted to Texas; but with a small addition to office force and with a slight increase of appropriation the Department of Education would stand ready to begin the work.

I know noble men of science who would help with the generosity characteristic of their vocation; and for more than a year past only the lack of a few hundred dollars has prevented me from issuing instructions to all public school officers and teachers concerning various sanitary measures, and particularly requiring reports on the eyesight and hearing of pupils in accordance with simple means of examination, supplied with the instructions, that would enable any teacher to detect the existence of trouble and report the same to parents with the recommendation that medical advice be sought. I know that a law which merely declares a duty without providing any penalty for its neglect is for the most part *vox et preterea nihil;* nevertheless, had the pecuniary means been available, I would ere this have made such an attempt.

I believe that the next Legislature will not only make the small addition to the appropriation for printing and distributing needed, but that it will amend the statutes requiring teachers to make such reports to county superintendents as they may call for, and requiring the superintendents and treasurers of counties and independent districts to make such reports to the State Superintendent as he may call for,—by requiring county superintendents to withhold approval of vouchers until overdue reports are satisfactorily rendered, and by requiring the State Superintendent to withhold from any county or independent district amounts due from the State apportionment until reports required according to law have been received. There are a few treasurers of school funds in this State who make reports to nobody. The omission occurs not from defiance of the law, but from sheer negligence. The same thing occurs with statistical and other reports on the part of a few school superintendents, and the latter continually complain about the neglect of teachers. It ought to be obvious that efficient supervision according to duties and responsibilities imposed by law upon county superintendents and State Superintendent, are thus rendered impossible of fulfullment, and that many opportunities for service are thus destroyed.

Since co-operation is the theme of these remarks, may I not suggest that we help one another? If you, gentlemen of the Medical Association of Texas, will take the trouble to urge the men who *represent you* in the making of the laws, to give heed to the simple and unobjectionable remedial measures sought by the schools, then the schools in their turn will powerfully subserve many of your own great and noble endeavors. Gradually the idea you cherish will filter out from the schools into the homes, there to find practical application in every-day life. The people would then soon learn that successful sanitation requires the intelligent co-operation of all, and that effective protection against many plagues and dangers of life are under such conditions easily secured. On the one hand, teachers rate too low both their duties and their opportunities, and on the other hand the general public is prone to misconceive the schools as a burden for whose support they are taxed, instead of discerning that any proper taxation is simply a means of *co-operation* for some useful purpose. All discussion that tends to elevate the ideal or the tone, or to rectify the misconceptions of the other is serviceable.

But our people are already progressing rapidly in such matters —everything in the commonwealth of Texas is progressing rapidly—and it will not be so difficult as some think to prepare them

to co-operate with every proper measure that contributes to the public welfare. The campaign of education should be prosecuted by our joint forces with hopeful energy. The spirit of the times strongly invites us.

[A case in point gives striking emphasis to the fourth paragraph of Professor Lefevre's splendid paper. The State Medical Association committee (of which the editor of the TEXAS MEDICAL JOURNAL and now President of the Association, was chairman, and State Health Officer Tabor was a member) secured the passage by the last Legislature of an act creating a Bureau of Vital Statistics in the Public Health Department. It provided for a registrar, or superintendent, and the small appropriation of $2000 a year to inaugurate the reform. On its final passage in the Senate the registrar and the little appropriation were cut out, mainly through the influence of that remarkable broad and enlightened statesman, Senator Travis Henderson, whose mediæval notions of "economy" would be ludicrous if not so disastrous, with the result that the law is inoperative and a dead letter.—EDITOR.]

For Texas Medical Journal.

Auto-toxemia.*

BY ROBT. C. M. LEWIS, M. D., MARION, OHIO,
Member American Medical Association, Etc.

In this paper I may not present anything new, for my subject—auto-toxemia—is old, though it may have flourished under other names during the making and unmaking of medical history.

Though old, it is a factor that must not be lost sight of when the question of diagnosis is to be considered. The conception of auto-toxemia is not merely an attractive hypothesis, since positive facts have been brought forth in defense of this theory and material from the field of physiologic chemistry, physiology, pathology and bacteriology have made it clear that auto-toxemia is a problem that must receive serious consideration at the hands of the progressive physician if he keeps pace with the times. Auto-toxemia—defined—means "poisoning from a ferment or a virus generated within the body." The absorption of these harmful substances in the blood from the intestinal or genito-urinary tract often leads, like a will-o'-the-wisp, the physician away from the well-beaten track and tests to the utmost the able diagnostician.

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*Read at the annual meeting of the North Central Ohio Medical Society held in Mansfield Ohio, March 25, 1904.

Faulty elimination is the foundation of many diseases and poisonous substances originating within the body as a result of defective elimination, or of a putrefactive or fermentative process or perhaps both, will produce symptoms that are distinct and well defined.

Auto-toxemia is one of the accidents that arise from disturbances of nutrition, and with abnormal nutrition we are sure to have disease, and the lines along which it may manifest itself are legion. It has been said by an eminent pathologist that "more diseases are produced by faulty nutrition than are produced by anatomical lesions." In fact, it is almost a rule that a disorder in nutrition comes first and the anatomical lesion follows. It is generally conceded that the natural forces of the body are able to cope with the ordinary forces within and without itself, and so long as these conditions exist there is good health. Marked illustration of auto-toxemia is found in the usual cases of cholera morbus and the so-called cholera infantum, which is rarely a cholera infantum at all, for, candidly, I think but few cases of real cholera infantum ever occur outside of the crowded districts of the large cities. The fermentative changes in milk fed to children accounts for many infections of the intestinal canal, and we should be on our guard and fortify against such conditions as early as possible and save our little patients from bilious dysentery or pseudo-cholera infantum, and really an auto-toxemia.

It is a frequent occurrence with the average physician to meet a female patient who presents a muddy complexion, cadaverous breath, cold hands and feet, who tells you of her extreme nervousness, constipation and foul-smelling menstrual waste. As a rule, in such subjects it is clearly a case of auto-toxemia. Good drainage by way of liver and kidneys, in fact general elimination of effete material stored up in her system, with a wholesome support of the body on general principles, brings about a return of health. Another case, that of the babe cutting its first teeth, suffers from auto-toxemia, though some still contend that teething brings about reflex nerve trouble, but we believe that faulty nutrition is back of the whole trouble and that the laboratory in the intestinal canal is out of harmony with the natural order of things. In recent years, a medico-legal question has come up and must remain as a reminder, for not a few deaths from convulsions as a result of auto-toxemia have been brought to our notice.

You are familiar with the appearance of the patient who reports a gradual loss of appetite, presents a tongue, large, white and dirty, mouth clammy, breath fetid and constipation habitual.

Patient is languid, feeble, and indisposed to work. Discomfort increases after each attempt to take food. Fever is preceded by chills and followed by sweating. Hepatic engorgement and jaundice are present.

You may call it what you please, but the most common scapegoat for these symptoms is malaria, though the list of names is legion. Auto-toxemia is back of it all. Diagnose by exclusion and treat accordingly, and, as a rule, both patient and physician will be made happy. These conditions are often brought about by long continued mental strains, exposure and overwork. With children and neurotic females, vertigo and convulsions often usher in and accompany auto-infections, and disappear promptly when the conditions are changed.

The fever brought on from these conditions will sometimes last a week or ten days. These are, without doubt, the typhoid fevers that are broken up by means of *special* treatments (the "Woodbridge," for instance). The physician who diagnoses and reports such a case as typhoid, and sees it recover within seven or perhaps twelve days, should, in his own mind, decide that he was mistaken, and then fix up the fences with his patron to best advantage.

There is another condition without fever, giving off many of the constitutional symptoms already outlined and directly due to non-elimination, which usually respond promptly to treatment directed to the hepatic functions. The old-time physician, who were always "rousing" up the liver, builded better than they knew when they gave their patients the large doses of calomel. They usually relieved the patient (if death did not), especially if, as an afterthought, they followed the heroic dose of calomel with a liberal dose of Epsom salts.

Havelock Ellis has, from a psychological standpoint, ably handled the subject of the irritable neurotic, which is a good side light on the subject under consideration. He pictures out two states, the conscious and the psychologic,—the first an irritable weakness, the other a deep-seated constitutional neurosis, a result of the various conditions of temporary or protracted disorders charged to auto-toxemia.

The two conditions are predisposing factors of almost distinct value. One type disturbs the balance of health so that it is easily upset and easily recovers. In the deeper type, a secondary condition to auto-toxemia has been engendered, which, like all conditions influenced by causes secondary to a great primary origin, will not yield to treatment of the primary cause alone.

Troublesome erythemas are often a condition we must contend with in intestinal infections, and they will resist all local treatment, but readily yield under the treatment directed to the gastro-intestinal irritation. The oculist is put to the test often and is at a loss to know why certain visual disturbances do not yield to his treatment. The neurologist meets his Waterloo along the same line. The rectum receives attention and all sorts of so-called special treatments are made and given. And last, but unfortunately not least, comes the gynecologist with his speculum, curette and knife. He focuses and learnedly tells us that the trouble is within the uterine walls; he curettes and generally leaves his patient a little the worse for treatment. Ovarian irritation, suppuration and the usual line of complex symptoms arise, and, like the ghost, will not down. Then comes the knife, and an unsexed woman goes forth into the world, an alien to even her home circle, lives out her time and is as hopeless as the lost spirits we read of in "Dante's Inferno."

The woman, who is listed as a neurotic and perhaps presents the usual symptoms that accompany pelvic diseases, is asked if she drinks much water. Invariably she will answer in the negative. She tells you that she rarely takes a drink of water, and, perhaps, the only liquid consumed during the day is a small cup of tea at meal time. What may we look for in such cases? Habitual constipation; fermentation in both stomach and small intestines; sallow skin; nervous, ill-tempered and pessimistic to a high degree. This woman's system needs fluid. The unquenched thirst will cause the system to drink at a fountain most convenient, and with most individuals that fountain is the intestinal tract and the fluids used are those already loaded with sewage. The individual is thus poisoned on the same principle of the person who lives and sleeps in a house where defective sanitary plumbing continually poisons the atmosphere he breathes.

An able writer has said that "The human body is both a receptacle and a laboratory of poisons." These are found in the food and are formed in the tissues and fluids of the body, and still the healthy individual may not be poisoned. They are continually being formed in the body under normal conditions, and if they accumulate in large quantities disease will result. Auto-toxemia then results from a disturbance between the formation and destruction of these internal products.

The organs of defense must necessarily be the liver, the gastro-intestinal mucous membranes, the spleen, lymph glands, adrenals, thyroids, etc. Neurologists and alienists generally tell us that

the majority of those admitted into the asylums for the insane are primarily disturbed from auto-infections.

Puerperal eclampsia is the result of auto-infection, and is a fort that has been assailed by the heaviest medical artillery of the age, and still awaits the specific. The production of fermentation and putrefaction, the former mainly in the stomach, the latter in the intestines, results in many of our common ills and nervous wrecks which our congested civilization exhibits. The gastric fermentation follows the ingestion of carbo-hydrates, while putrefaction depends on the presence of albuminous bodies for its existence in the intestinal tract. The chronic tipler of mixed drinks furnishes us a good illustration of this order, for he is a walking manufacturing establishment, a laboratory for the making of toxins, and, eventually, like "Jones of Binghampton," he "pays the freight." His symptoms are of diminished physical resistance, dyspepsia, perhaps obesity, inability to stand continued effort, neuralgia, rheumatism, and all manner of pains and muscular weakness. He becomes a hypochondriac, is generally impotent and has rectal and prostatic trouble. You have all seen him and see him every day, and with the interpretation of the handwriting on the wall, he, like Belshazzar, may learn what the end will be. Miracles will not save him, and his only hope for existence in this world is help at the hands of the intelligent physician.

Diagnosis in conditions of auto-toxemia is not so simple as it may first seem. In hereditarily defective or acquired neuropathic constitutions we must be on guard, and, again, the auto-toxemias of puberty often temporarily initiate seemingly serious neuroses and psychoses. The same is true of the climacteric end of the senile period. Grave auto-toxemias, resembling tabes and allied conditions, are often misleading.

The question of therapeutics in auto-toxemia will depend on the type, surroundings, diet and plenty of water, we care not how nor when. Aerated waters of the lithia class are beneficial; good spring water is perhaps as good as any, but water these patients *must* have, and plenty of it. The anti-toxic effect of creosote by destroying myriads of intestinal toxins, which swarm there, proves its virtues, and, we believe, in this direction lies the sole effect of creosote in our tuberculosis patients. The line of intestinal antiseptics is so extensive that we scarcely have a limit, but, in our hands, we rate, in regular order, the following:

Water, calomel, resorcin, salol (and the salicylates generally), betanaphthol, benzosol, etc. With such remedies, alone or in combinations, as the judgment of the intelligent physician decrees, much good can be done in the above outlined cases.

For Texas Medical Journal.

Report of a Case of Intractable Vomiting of Pregnancy Treated by Electric Currents and Illustrating the Importance of Current Differentiation.*

BY AMEDEE GRANGER, M. D., NEW ORLEANS, LA.,
Fellow American Electro-Therapeutic Association.

To correctly differentiate between the various electric modalities, and select the one best suited to the treatment of a diseased condition, is the most important and at the same time the most neglected part of the art of electro-therapeutics. It is true that the laity and, I am sorry to add, the majority of our own profession, regard the different electric currents as one remedy about which as yet little is known. Nothing is more false, for although we know as yet nothing of the exact nature of electricity, we understand the laws governing the electrical forces, and the mechanical, chemical, physical, and physiological effects of the various manifestations of electricity have been carefully studied and recorded.

To the electro-therapeutist electricity therefore becomes an agent which by being variously modified in amperage and voltage, or by being interrupted becomes capable of as many distinct and varied mechanical, physical, chemical and physiological effects, just as so many different drugs.

For example, although all the electric modalities have nutritional effects, due to the influence of electricity on the circulation, secretion, excretion and absorption, it is conceded by the best authorities that to increase nutritional activity and the general metabolic processes of the body, the currents of high potential and high frequency—static and high frequency—are pre-eminent.

On the other hand, Graham's currents, or to be more correct, continuous currents, owing to their large amperage alone possess the chemical or electro-lytic and cataphoric effects. These are very important when we remember that upon them depend the contracting, astringent, hemorrhagic, antiseptic, germicidal and caustic actions of the positive pole; and the dilating, nutritional, relaxing, hemorrhagic and escharotic action of the negative pole.

Now for mechanical effects, we select the currents of alternations—Faradic and Sinusoidal. The Faradic from short and coarse wire for muscular contraction, and from long fine wire for

*Read before Orleans Parish (Louisiana) Medical Society.

vaso-motor effects. The later produce sedation or stimulation, and local or reflex vaso-motor dilatation or contraction, according to the technique employed and length of wire used.

My object in presenting the report of this case is four-fold:

First. As an illustration of a case of intractable vomiting of pregnancy.

Second. Because of impossibility to apply Apostoli's treatment, as recommended in a former paper.

Third. As an excellent example of the importance of careful differentiation in selecting the proper form of current.

Fourth. Because of the prompt relief following the institution of the proper treatment.

On the 7th day of last Febuary I was summoned to attend the wife of Dr. H., whom I found very despondent, unable to retain anything, and suffering with constant nausea and very troublesome ptyalism. She vomited from fifty to sixty times in the twenty-four hours, and even when nothing had been ingested vomited quantities of sour liquid and mucus. The bowels were constipated. The conditions growing gradually worse; had been existing for three weeks, during which time various and numerous drugs and measures were tried, including teaspoonful doses of beer, and twenty-four hours trial of the Kelee chest postural treatment, without any benefit. It was then that the attending physicians referred Dr. H. to me for electrical treatment. On inquiry I found that the patient had been pregnant three times prior to this, and each time had been very sick with vomiting. Nausea and vomiting were present throughout the entire period of her first gestation, being especially severe during the first half. The labor was normal. In the early weeks of the second gestation, the same train of symptoms began, and increased in severity in spite of medication, until accidental abortion occurred some five weeks later.

The patient having lost her only child, and, being desirous of another, became pregnant a third time. When the third gestation had advanced to about six weeks, the nausea and vomiting made their appearance and fifteen days later the nausea had become constant and vomiting almost incessant. She could retain nothing and the salivary secretion was profuse and very troublesome. At first medication was given per orem, then rectal medication and alimentation had to be restorted to. Local treatment to the cervix, in the form of a mild dilatation and topical applications, and postural treatment were also tried and failed. Her condition growing daily more alarming, a consultation was held and it was

decided to induce abortion in order to save her life. All the symptoms immediately disappeared after emptying the uterus, and she made an uneventful recovery.

With this history I appreciated at once that I had to deal with a case that would tax to the utmost the resources of electro-therapeutics. I instituted the treatment by trying to break the vicious cycle by Apostoli's method. This consists in positive galvanization of the pneumogastrics in their most accessible points in the neck.

The current is turned on gradually by means of a rheostat until all nausea disappears, and as soon as the patient experiences the nausea prodromal of the impending vomiting, the current is immediately and rapidly increased until either one of two things occurs—the nausea disappears or the patient complains of burning. At the end of about one minute the current is turned off, and then turned on again to the point at which it was at first.

During this treatment food or drink should be ingested and the application continued until all nausea and vomiting disappears, and the patient feels well and does not think she will vomit again. In this case it was impossible to apply the above technique because the vomiting was projectile in character and without prodromal nausea. I turned on the current until all nausea ceased, and at one moment the patient felt relieved and comfortable, and the next minute she was vomiting. After the ineffectual attempt to break the cycle, according to the above technique, I decided to employ a current strength of 10 to 15 m. a., with the positive pole over the vagus for twenty minutes, and then over the back of the neck for twenty minutes more, placing the negative pole over the epigastrium in both instances. This treatment I applied three times daily for four days with no result, other than a lessening of the nervous irritability, as evidenced by the disappearance of nervous cough and retching. On the sixth day I discontinued the use of galvanism and began that of Faradism, making the applications over the vagus in the neck, and over the back of the neck for brief periods, averaging five minutes in each situation. The improvement began at once and the patient was convalescent in forty-eight hours. I gave Dr. H. the necessary instructions and advised to continue the application twice daily for one week, thence once daily for another week. However, as Mrs. H. felt well, eating anything she desired, my advice was not heeded, and ten days later I was summoned again to find her relapsed in exactly the same condition as upon my first visit, but this time more nervous and despondent, and having lost all faith in the curative powers of electricity. Being aware that there was in this case a

strong hereditary neurotic tendency, I immediately placed her under the treatment recommended for hysterical vomiting. This consisted in prolonged applications of a Faradic current of high tension for sedative effects.

Five days of this treatment, administering three times a day, gave negative results, and even seemed to aggravate the gastric and salivary secretions. The technique was then changed and brief applications of the same current for stimulating effects was used. The patient responded to the treatment at once, as she had done the first time, and was soon convalescent. This time my directions were strictly followed, and Dr. H., whom I saw again three days ago, told me that his wife was well and hearty; that the constipation was cured, the ptyalism disappeared, and she only vomited occasionally, after some emotion or fit of blues.

The most interesting question arising in the study of this case is: Why did the disease respond to this particular electric modality?

Before answering this question, let us consider the important role which the sympathetic system must necessarily play in pathological states of the viscera, and, in fact, in all reflex phenomena. This system controls, through the vaso-motor, the circulation, and hence the nutrition and functional activity of the various parts of the human organism. The action of all counter-irritant medication, by which deep-seated structures or organs are affected reflexedly, depends upon the influence on the sympathies of the agents employed. In medicine we use heat externally to cause relaxation and vaso-motor dilation in underlying structures, and cold to cause vaso-motor contraction. In electro-therapeutics we effect local sedation and reflex vaso-motor dilation by using prolonged applications of Faradic currents of high tension and local stimulation and reflex vaso-motor contraction by the brief application of the same currents.

These currents from a high-tension Faradic apparatus have a more decided influence on the vaso-motor than any other known therapeutic agent.

In the case of our patient the nausea, constipation, large amount of gastric mucus and salivary secretion indicated a condition of congestion and loss of tone, which were promptly cured by the tonic and vaso-motor contraction effects of the electric modality employed.

In the management of any case there are two facts which we should always bear in mind, viz.:

First. That after employing an electric current for a reason-

able length of time, shorter in acute conditions, longer in subacute or chronic cases, without benefit, not to persist but make up mind that we are using the improper current.

Second. That when our results are negative and we are certain that our selection is correct according to the indication present, and our technique faultless, to give due consideration to personal equation.

We have idiosyncracies in electro-therapeutics, same as in medicinal therapeutics, and it not rarely happens that of two patients presenting the same conditions, one reacts best to the use of one form of electricity and the other to another. It follows, therefore, that to use electricity with satisfactory results we must have available the currents. I mention this fact specially because there are fads in medicine, and there is a tendency to employ newer apparatus which, according to the claims of the manufacturers, are superior to and can replace all the other currents; and the physician making use of one current to the exclusion of all others is certain to meet with failure and disappointment.

In conclusion, if I have succeeded in arousing your interest in this much-neglected branch, and in convincing you that electro-therapeutics is rational and scientific therapeutics, and not the empirical employment of a panacea of unknown characteristics, I will be fully repaid for the preparation of this paper.

Correspondence.

ROOMS 3, 4 AND 5, NEW GARY BUILDINGS.
TYLER, TEXAS, May 24, 1904.

Dr. F. E. Daniel, Editor Texas Medical Journal, Austin, Texas.

DEAR DOCTOR DANIEL: In the *Journal American Medical Association* for May 21, 1904, page 1365, I observe that the Philadelphia County Medical Society at a recent meeting had under consideration the subject of having the American Medical Association to proceed against illegal practitioners throughout the country.

As secretary of different medical societies in this country for years, I have been brought into close relation with physicians here, and know their sentiments.

The first official act of our Smith County Medical Society was to examine the credentials of every doctor practicing medicine in the county. Am proud to say that I introduced that resolution. Our committee on legislation are still at work, and we find that a large proportion of the doctors in Smith county are either too

lazy, or negligent or some other kindred feeling, to comply with the law. We hope to hand their names to the grand jury, after giving them a *large number of polite notices* to come up and register.

We occasionally have quacks to come amongst us, but, in order to proceed against them, we are first regulating ourselves. You are thoroughly familiar with the methods of quacks, and who at once pose as "martyrs" when any organized body of physicians proceed against them. However, if the American Medical Association would proceed against them, it would thus destroy their hidden power.

I know of no better way of building up the State Medical Association and the American Medical Association than to have these associations take an interest in local affairs. This would be a *mutuality* of interest in truth and in fact.

Won't you kindly write to Dr. Henry Bates (Fifteenth and Walnut Streets, Philadelphia, Pa., and get him to bring up this question before the American Medical Association? I have written Dr. Bates.

While attending the meeting of the State Medical Association at Austin recently, I had the pleasure of calling on the State Health Officer, Dr. Tabor, and in order to start the ball to rolling against getting rid of malarial fever in Texas, talked with him in regard to the objects of my paper which I read down there. I told him that malarial fever costs the people of Texas between $5,000,000 and $10,000,000 every year, and that 3074 people die with the disease annually. Further that yellow fever only killed ten or fifteen people every year, and that it seemed nearly all the money appropriated by the State was expended in getting rid of yellow fever. I also told him that I did not call on him for the purpose of asking him to relax his vigilance against yellow fever, but to try to induce him to begin some kind of movement towards getting rid of a disease in Texas which destroys over 3000 of us a year.

The other day I sent him some literature on this subject, and under date of May 16, 1904, he wrote me as follows:

"Dear Doctor: I thank you for yours of the 13th, enclosing papers relating to "Malaria in Texas." I am glad to note your interest in this matter and will be glad to receive literature at any time bearing on this subject. I hope to be able before long to distribute literature of this character among the profession and laity of this State. Yours very truly,

"George R. Tabor,
"State Health Officer."

I would like to have your help in this matter also. Very truly yours,

Albert Woldert, M. D.

THE

TEXAS MEDICAL JOURNAL.

AUSTIN, TEXAS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITED AND PUBLISHED BY
F. E. DANIEL, M. D.
Mrs. F. E. DANIEL, Managing Editor.

ASSOCIATE EDITOR:
WITTEN BOOTH RUSS, M. D., San Antonio, Texas.

Published Monthly at Austin, Texas. Subscription price $1.00 a year in advance.
Eastern Representative: John Guy Monihan, St. Paul Building, 220 Broadway, New York City.
Official organ of the West Texas Medical Association, the Houston District Medical Association, the Austin District Medical Society, the Brazos Valley Medical Association, the Galveston County Medical Society, and several others.

Here Ends the Nineteenth Year of the phenomenal career of "The Famous Red Back." A success from the first, it is now recognized as a power in the cause of legitimate medicine and a pure and exalted profession. Since the reorganization, scores of new subscribers have "jined the army," and still they come. Every member should make it a point to not miss a single copy of volume 20, beginning July, 1904. Selah!

Have Manufacturing Pharmacists Any Rights that Should be Respected? Permit me to smile, please. Ask Siegel Cooper Company, the big department store fellows of New York what they know of pirating on Pepto-Mangan Gude, and if they do not now wish they hadn't? They have been selling a stuff they call "Pepto Manganate," put up in terra cotta wrappers, in imitation of the well known packages of M. J. Breitenbach Company, the manufacturers of Pepto-Mangan Gude. Breitenbach Company didn't do a thing to them. Oh, no; they knocked 'em out worse than the Japs did that other big robber at Kinchon. This is not the first time that Breitenbach Company have laid out burglars of the Seigel Cooper kind. About a year ago they put the fixin's on a fellow—I've forgotten his name. Here is what the company did for Seigel Cooper Company:

Ordered, adjudged and decreed as follows:

First. That the plaintiff, M. J. Breitenbach Company, is the owner of the sole and exclusive right to the use of the words "Pepto-Mangan" as a trade mark and trade name, as applied to medical preparations, throughout the United States and Canada, and has the sole and exclusive right in the same countries, of putting up and selling the preparation known as Gude's "Pepto-Mangan," according to the secret process and formula discovered by Dr. A. Gude, of Leipsiz.

Second. That the said defendants, the Siegel, Cooper Company and Thomas H. McInnerney, their agents, servants, employes and attorneys, be and they hereby are forever enjoined and restrained from making use of the words "Pepto-Manganate" in any manner whatsoever, either alone or in combination with other words, or from using the words "Pepto-Mangan," or any word or words similar to the words "Pepto-Mangan" in sound or appearance, in connection with the advertisement or sale or otherwise, of any medical or other preparation—excepting only that of the plaintiff.

Third. That the said defendants the Siegel, Cooper Company and Thomas H. McInnerney forthwith deliver to the plaintiff, or his attorney, to be destroyed, all bottles, packages, wrappers, circulars, or other things in their possession or under their control, or that of either of them, bearing the words "Pepto-Manganate," or any similar words.

Fourth. That the said plaintiff, The M. J. Breitenbach Company, recover of the said defendants, the Siegel, Cooper Company and Thomas H. McInnerney the damages, to be assessed by the court, resulting from the use by said defendants of the name "Pepto-Manganate," which is hereby adjudged to be a violation of the plaintiff's rights in the name "Pepto-Mangan."

Fifth. That the plaintiff recover of the said defendants the costs of this action.

Enter,

HENRY BISCHOFF,

Justice of the Supreme Court of the State of New York.

THOS. L. HAMILTON, Clerk.

No. 136. State of New York, County of New York.

I will add that it's a pity that the law does not make such stealing, for it is stealing, pure and simple, a penitentiary offense. It is about time that this cuckoo business was put a stop to. There is lots of substitution of this and other kinds done in Texas, notably in Houston, and the self-respecting doctors should boycott every substitutor. The substitutor holds in his dishonest

hands the lives of the patients, and the honor and career of the prescribing physician. He can kill the first and wreck the latter. I had a bill introduced in the last Legislature to make substituting on a doctor's prescription a penal offense—fine and imprisonment. There came a flood of petitions against it from so-called respectable retail druggists all over Texas—principally from Houston. They came in such quantity that the Speaker of the House would never let Dr. Miller (representative from Milam) bring up the bill. Please the Lord, I'll try it again next session.

* * *

Dr. Pollock, representing the New York Pharmacal Company, caught a leading druggist in Houston in the act of putting up "something just as good" for Viburnum Compound, Hayden.

* * *

Another knock-out comes to me from London. The English courts, too, put the fixin's on the imitator and substitutor, and upheld the rights of the manufacturing pharmacist to protection under the trade-mark laws. Burroughs, Welcome & Co., who invented and patented the word "Tabloid"—their trade mark—brought suit against Thompson & Capper for "passing off goods other than those of the plaintiffs', when the trade mark 'Tabloid' was used on prescriptions or orders." This case was on trial a week. Over 500 witnesses were summoned from all over Europe. It attracted much attention, and the decision has been favorably commented upon by the press of London, Berlin, Vienna, Paris and New York.

The court ordered perpetual injunction against defendants, and that they pay damages and all costs.

Fairchilds Bros. & Foster, of New York, are sole American agents for Burroughs, Welcome & Co.'s Tabloid preparations.

* * *

Still Another.—Fairchilds Bros. & Foster, of New York, the well-known pharmaceutical manufacturers, recently obtained a perpetual injunction against Morris Dlugasch and Herman Finkelstein (The Broadway Drug Company) from selling, dispensing, advertising or displaying at the drug store of said defendants, at No. 177 Broadway, Borough of Manhattan, City of New York, or elsewhere, any chemical or pharmaceutical preparations of any sort or kind whatsoever bearing signs, labels or wrappers marked "Fairchild" or "Dr. Fairchild," or any similar word or words, or purporting to be made by "Dr. Fairchild" or "Fairchild," which said preparations are not manufactured by plaintiff.

Is a doctor "in good standing" who repudiates and refuses to pay a small subscription bill, or any other honest debt? It is almost incredible, but it is neverthless true, that there are amongst the members of the State Medical Association—members of county medical societies—men, some of whom are prominent and well known and well to do physicians, who have taken the "Red Back" year after year, who totally ignore my little polite reminders and utterly defeat every effort at collection, even through a Chicago collecting agency. Some of them owe me from $5.00 to $15, and they are deaf and dead to every kind of appeal. Some of these fellows were here at the big meeting, some delegates, perhaps, or holding some office. I am awfully tempted to give some of their names. Sometimes an insurance company asks me about the Texas doctors who apply for the appointment of examiner. One of the usual questions is: "Does he pay his debts?" Of course, I have long since ceased sending the Journal to all who were in arrears five years; but, there are many to whom I still send it who owe two to four years, and to whom bills are sent four times a year, without eliciting any reply. It is an awful bore and labor and expense to make out and mail and pay postage on these bills every three months. In many instances, it is neglect; but it is not excusable; but, in many other instances, it is pure cussedness and deadbeatism. Every fellow who reads this will know if the cap fits him. The great mass of my readers are, however, as true as steel, and ante, regularly, every year. May they live long and prosper. "Please remit." "Be good." "Do it now."

News and Miscellany.

See Roster of State Medical Association of Texas in advertising pages.

When you write to my advertisers, mention the "Red Back," please. It is money in my pocket.

Dr. W. E. Fowler, physician to the penitentiary at Huntsville, was the first prison physician in the world, so far as I know, to segregate the consumptive convicts and take other precautions against this infection.

WILL REPAIR YOUR ELECTRICAL MACHINES.—Static and all electrical medical apparatus put in running order. I am also agent for electrical and X-Ray apparatus. Oliver Brush, 710 Colorado Street, Austin, Texas.

DR. DANIEL'S PAPER on "The Cause and Prevention of Rape; Sadism in the Negro," read at the recent meeting of the State Medical Association of Texas, at Austin, can be had in pamphlet form for 10 cents. The TEXAS MEDICAL JOURNAL, Austin, Texas.

DR. ROBERT BARTHOLOW, of Philadelphia, died at his home May 10, 1904, aged 72 years. He was a distinguished author and teacher, first at Cincinnati, and then at Philadelphia, and had been an active and honorary members of numerous medical societies.

SPECIAL REQEUST.—If any of my readers received the May number without the pictures of the President of the State Medical Association, or the "Mascot," I will take it as an especial favor if they will let me know it; and I will, with pleasure, send the pictures. I have reason to believe that a few copies left the bindery minus the engravings.

GOOD LOCATION AVAILABLE.—For sale, a large fine residence, barn and stables, separate office near by. Seven acres of fine land. Price, $3000; half cash, balance to suit. Practice averages $1500 to $3000. Collections 98 per cent. Practice goes with property. Pretty village in a beautiful and rich farming section peopled with German and Bohemian settlers; prompt pay. Nearest competition ten miles. Dr. Breezes, care TEXAS MEDICAL JOURNAL.

The editor of the *Journal American Medical Association* says: "We have often referred to the shortsightedness of the practitioner who does not take, or who fails to read, at least one weekly scientific medical journal, national in character, that he may keep up with the current practice of his profession. At the same time, he should take his local publication and support it enthusiastically. Such a journal has a sphere of usefulness as a representative of the physicians and as a mouthpiece of the organized profession of the territory it covers." Subscribe for the TEXAS MEDICAL JOURNAL—"The Red Back."

Abstracts and Selections.

The Glorious Fourth and the Inglorious Fifth.

After the smoke and noise of the last celebration had died away and the returns of the annual holocaust were in, *The Journal* summed up the cost of life and limb as it had been done before, and published the totals with their full and dreadful significance. Since that time we have had many reasons for being glad that we did the work and presented its results, for throughout the country many earnest workers for civic betterment have availed themselves of our figures to use as argument to secure the passage of ordinances directed to the prevention of these mournful features of a day of noise and turmoil. From many States have come newspaper accounts of city councils passing bills directed against the sale of toy pistols, blank cartridges and giant crackers to minors, and quoting the figures that we published last August—106 deaths from lockjaw, 60 from other causes, and 3,893 injuries that were not fatal.

The time has now come to look forward once more to the coming Fourth, and to see if, in the light of our past experience, a complete repetition of the annual calamity can not be avoided. It is evident that a certain amount of public sentiment has been stirred up in one way and another, but whether it will assume its activity at the proper time is another question—the most general condemnation of the method of celebrating the Fourth, and the loudest calls for a change are usually heard about August 1. In Chicago last year a pathetic example of this was furnished. There have been standing on the city statutes of Chicago for many years ordinances providing penalties for the sale of pistols to minors, but their enforcement has never been anything worth mentioning. In the latter part of June, 1903, after a few premature lockjaw cases had followed blank cartridge injuries, some desultory arrests of venders of these weapons were made, but no general effort was made to close down on this source of trouble. The small boy had not the slightest difficulty in procuring the materials for his destruction, as we easily demonstrated by experiment. But when the daily papers began to fill with reports of deaths from lockjaw a few days after the Fourth, *then*, and not until then, was any determined effort made to stop the sale of toy pistols. At that time we found that a boy in knee trousers had to go sometimes to as many as two or even three stores before he could purchase a toy pistol.

The lesson is plain. Something must be done now to awaken the police departments of our cities to their duties in this direction. Last year 64 per cent of the total injuries and over 80 per cent of the fatal injuries were the results of blank cartridges. Nearly all cities, it would seem, have at some time passed ordinances that control their sale, or the sale of the pistols in which they are used, but, as a rule, the ordinances have remained on the books unconsulted and non-enforced. It would not be a difficult matter to reduce this source of mortality greatly; the pistols and cartridges are sold usually by dealers in sporting goods or in "notion stores," and every policeman knows all such places on his beat. Confiscation of pistols from boys on the Fourth would also be of some service. Enforcement of the law is the chief thing that is needed. In Washington, where these matters seem to be controlled better than in ordinary municipalities Fourth of July tetanus is extremely uncommon, although there are a fair number during the year from other causes.

It seems to us that there is a good field for the activities of local medical societies in this particular branch of preventive medicine. Passing of resolutions requesting the enforcement of such laws, if they exist, or the drafting of them where lacking, if sent from representative bodies of medical men to the proper authorities, and if published in the daily papers to create popular interest, would not fail to be of effect either immediately or remotely. It will be found that, with few exceptions, the daily papers are ready and eager to take up this cause, and they furnish powerful aid. Last year much good work was done by the press.

A good suggestion is to be found for other cities in the establishment in Chicago of an incorporated association—the Chicago Amusement Association—with the purpose of improving Fourth of July celebrations. It is planned by this organization, which is supported by popular subscription, to secure enforcement of the laws, to aid in prosecution when they are violated, and particularly to do everything possible to educate the public as to the necessities of the situation.—*Journal American Medical Association.*

Books and Magazines

Obstetric and Gynecologic Nursing. By Edward P. Davis, A. M., M. D., professor of Obstetrics in the Jefferson Medical College and in the Philadelphia Polyclinic. 12 mo. volume of 402 pages, fully illustrated. Second edition, thoroughly revised.

Philadelphia, New York and London: W. B. Saunders & Company. 1904. Polished Buckram, $1.75, net.

The usefulness of this book to the nursing profession is manifest by the fact that a second edition has been called for. It is necessary for an obstetric nurse to possess some knowledge of natural pregnancy and of its consequent diseases; and as gynecologic nursing is really a branch of surgical nursing, special training and instruction are required to meet the conditions arising. It would be well if every trained nurse possessed a copy of this book, for it certainly is of inestimable value.

Epilepsy and its Treatment. By William P. Spratling, M. D., Superintendent of the Craig Colony for Epileptics at Sonyea, N. Y. Handsome octavo volume of 522 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. Cloth, $4, net.

This work by Dr. Spratling is of unusual interest for many reasons: It is the first complete treatise on epilepsy since the appearance of Echeverria's work published over 33 years ago, and represents the practical experience of Dr. Spratling as superintendent of the Craig Colony for Epileptics at Sonyea, N. Y., during a period of ten years. The great progress made in the knowledge of epilepsy and its treatment during the past fifteen years certainly demanded an accurate and careful work which would include these latest advancements. Dr. Spratling has given us all that could be desired. Of particular interest are the chapters on the Psycologic and Medicolegal Aspects. An entire section is devoted to the all-important seizure type—Status Epilepticus; and treatment, general, educational, medical, and surgical, is discussed with wisdom, thought, and conservatism. The subject is bountifully illuminated by the citation of illustrative cases; and, indeed, for the entire work we have nothing but praise. General practitioners, as well as those especially interested in epilepsy, will find the book of great value.

Tuberculosis and Acute General Miliary Tuberculosis. By Dr. G. Cornet, of Berlin. Edited, with additions, by Walter B. James, M. D., professor of the Practice of Medicine in the College of Physicians and Surgeons (Columbia University), New York. Handsome octavo volume of 806 pages. Philadelphia, New York, London: W. B. Saunders & Company. 1904. Cloth, $5, net; half Morocco, $6, net.

This is the seventh volume to be issued in Saunders' American Edition of Nothnagel's Practice, and the remaining four volumes are in active preparation for early publication.

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The American edition of Professor Cornet's exhaustive work appears at a time when the subject of tuberculosis has a peculiar claim upon the attention of mankind. Within a few years both professional and general public interest in the disease have taken enormous strides. In almost every civilized community societies for the prevention of tuberculosis are being organized, and these are composed not only of physicians but of laymen, while governments themselves are taking an active part in the movement. Under these circumstances, and at this time, the work is of interest to practitioners, for there is no other treatise which gives an equally clear and comprehensive view of this subject.

The article on Acute General Miliary Tuberculosis has been admirably written and gives a thoroughly clear understanding of this disease.

The importance of the chemistry of the tubercle bacillus and its bearing upon immunity have warranted a thorough treatment of this subject.

The work is complete and logically arranged, and the editor has made additions where necessary to bring it down to date.

Diseases of the Intestines and Peritoneum. By Dr. Hermann Nothnagel, of Vienna. The entire volume edited, with additions, by Humphrey D. Rolleston, M. D., F. R. C. P., Physician to St. George's Hospital, London, England. Octavo volume of 1032 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. Cloth, $5, net; half Morocco, $6, net.

This new volume in Saunders' American edition of Nothnagel's Practice is the eighth to be issued, and appearing within two months after the publication of the volume on tuberculosis, gives evidence that the publishers intend completing the series at an early date. This, one of the most valuable volumes in the series, is by the famous clinician Dr. Hermann Nothnagel himself, and is as exhaustive as it is practical. The distinguished editor, Dr. Humphrey D. Rolleston, of London, England, has used his pen most profusely, almost every page giving generous evidence of his careful editing. The editorial additions include sections on intestinal sand, sprue, ulcerative colitis, and idiopathic dilation of the colon. Appendicitis and peritonitis have been given unusual space, treatment and diagnosis receiving exhaustive consideration. The section on Intussusception has been greatly enlarged by the invaluable additions of D'Arcy Power, of England, who has made this subject his own. There are twenty inserts of great merit.

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THE MOTHER'S MANUAL. By Emelyn Lincon Coolidge, M. D., visiting physician of the Ontario Patient Department of the Babies' Hospital, New York, formerly house physician of the Babies' Hospital, New York; physician in charge of the Babies' Clinic of the Society of the Lying-In Hospital of the City of New York. Price, $1. Published by A. S. Barnes & Company, New York.

This is a practical manual which every expectant mother should read and re-read, and the physician will be saved lots of needless trouble, and the baby needless pain, if he gets the expectant mother to buy this book.

THE PRACTICAL APPLICATION OF THE RONTGEN RAYS IN THERAPEUTICS AND DIAGNOSIS. By William Allen Pusey, A. M., M. D., professor of Dermatology in the University of Illinois; and Eugene W. Caldwell, B. S., director of the Edward N. Gibbs X-Ray Memorial Laboratory of the University and Bellevue Hospital Medical College, New York. Handsome octavo volume of 591 pages, with 180 illustrations, nearly all clinical. W. B. Saunders & Co. 1903. Cloth, $4.50, net; sheep or half Morocco, $5.50, net.

It has been the aim of the authors of this work to elucidate fully the practical aspects of the subject. It is evident that all the authentic literature which has developed since Röntgen's wonderful dicovery has been carefully digested, this being supplemented by the extensive experience of the authors. The value of the X-rays in diagnosis has been discussed in a thoroughly practical manner, and their limitations in this field indicated. Particular attention has been devoted to the use of the X-rays in therapeutics. Nearly all of the illustrations in this section represent actual clinical subjects, and show with unusual fidelity the condition before the use of the X-rays, at various stages of their application, and, finally, the therapeutic results obtained. Full details are also given as to the use and management of the apparatus necessary for X-ray work. All the methods with which the best results have been achieved have been carefully described in a comprehensive way. There are chapters on X-Ray Tubes, Induction Coils and Controlling Apparatus, Static Machines, Fluoroscopy, Radiography, Photographic Materials Used in Radiography, etc. This section is also fully illustrated with instructive photographs and drawings of the apparatus, including four beautiful full-paged colored plates of X-ray tubes. In fact, the work will be found of invaluable assistance, not only to the general practitioner, but also to the dermatologist, presenting, as it does, the very latest advances in X-ray therapeutics and diagnosis.

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HUGHES' TREATISE ON NEUROLOGY.—The Neurological Practice of Medicine; a cursory course of selected lectures in Neurology, Neuriatry, Psychology and Psychiatry; applicable to general and special practice; with 177 illustrations; after the author's class-room methods as a teacher of students. Designed for students and general practitioners of medicine and surgery. By Charles H. Hughes, M. D., president of the faculty and professor of Neurology, psychiatry and electrotherapy, Barnes Medical College; former major and surgeon-in-chief of Schofield, Winter, Hickory Street, and McDowell's College Military Hospitals; superintendent Missouri State Insane Hospital, acting and honorary member of many home and foreign medical and scientific societies, etc., etc.; member governing board of Centenary Hospital, ex-member board of health and consultant of City Hospital, Insane Hospital, etc. Price, $3. Hughes & Company, publishers, 418 N. 3d St., St. Louis. 1903.

The Neurological Practice of Medicine is a cursory course of selected lectures, from an eminent source of clinical and lecturing experience, on the essential features of neurology, neuriatry, psychology, and psychiatry, applicable to the general and special practice of medicine. The book is plainly and forcibly written in the author's well-known impressive and succinct style. Many of the pages of the book are peculiarly fascinating and eloquent, as well as accurately descriptive and scientific.

The style of the author in the amphitheater reappears in this remarkable book, as those who have sat under his clear and original teachings will discover in the reading of the several chapters.

The fruitful results of thirty years of extensive clinical experience over a portion of the vast fields of neurology and psychiatry are presented in this valuable book.

A TEXT-BOOK OF PATHOLOGY. By Alfred Stengel, M. D., professor of Clinical Medicine in the University of Pennsylvania. Octavo volume of 933 pages, with 394 text-illustrations, many in colors, and seven full-page colored plates. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Cloth, $5, net; sheep or half Morocco, $6, net.

In this work the practical application of pathologic facts to clinical medicine is considered more fully than is customary in works on pathology. While the subject of pathology is treated in the broadest way consistent with the size of the book, a successful effort has been made to present the subject from a clinician's point of view. In the second part of the work, the pathology of individual organs and tissues is treated systematically and quite fully under subheadings that clearly indicate the subject matter to be found on each page. In this edition the section dealing with General

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Pathology has naturally received the greatest care and the most extensive revision. Several of the important chapters have been practically rewritten. Among the subjects that have received the greatest revision are: Ehrlich's Theology of Immunity and allied processes; Inflammation; The Bacterial Diseases, including Typhoid fever, Tuberculosis, Yellow Fever, and Dysentery; and Diseases of the Blood. In the second part of the book, that treating on Special Pathology—the revision has also been considerable, so that this part likewise represents the latest advances in the subject of Pathology. A very useful addition to the book is that of an appendix, treating of the Technic of Pathologic Methods, and giving briefly the most important methods at present in use for the study of pathology; including, however, only those methods that are unquestionably practicable. Many new illustrations, including ten excellent plates, have also been added, and some of the old replaced by new ones. We specially recommend the book to students and practitioners, as we believe it is the best we have seen.

THE TREATMENT OF FRACTURES: WITH NOTES UPON A FEW COMMON DISLOCATIONS. By Chas. L. Scudder, M. D., surgeon to the Massachusetts General Hospital. Fourth edition, thoroughly revised, enlarged and reset. Octavo volume of 534 pages, with nearly 700 original illustrations. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Polished buckram, $5, net; sheep or half Morocco, $6, net.

Four large editions of this work in less than four years testify to its value. The book is intended to serve as a guide to the practitioner and student in the treatment of fractures of bones. The student sees the actual conditions as they exist in fractured bones, and is encouraged to determine for himself how to meet the conditions found in each individual case. Methods of treatment are described in minute detail, and the reader is not only told, but is *shown* how to apply apparatus, for as far as possible, all the details are illustrated. This elaborate and complete series of illustrations constitutes a feature of the book. There are 688 of them, all from new and original drawings and reproduced in the highest style of art. Several chapters of special importance are those on Gunshot Fractures of Bone; the Röntgen Ray and Its Relation to Fractures; The Employment of Plaster-of-Paris, and the Ambulatory Treatment of Fractures.

In this fourth edition many new illustrations have been added, thus increasing the accuracy of this part of the work. The text has been thoroughly revised, thereby bringing the book absolutely

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abreast the times. X-ray plates of the epiphyses at different ages have been arranged. These will be found of value not only as an anatomical study, but in the appreciation of epiphyseal lesions. An important addition is that of a chapter upon a few Common Dislocations. This chapter, like the rest of the book, is amply illustrated, and the accepted methods of treatment described.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY FOR 1904. —A yearly digest of scientific progress and authoritative opinion in all branches of medicine and surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the editorial charge of George M. Gould, A. M., M. D. In two volumes. Volume I, including *General Medicine*. Octavo, 673 pages, fully illustrated; Volume II, *General Surgery*. Octavo, 680 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. Per volume: Cloth, $3, net; half, Morocco, $3.75, net.

The American Year-Book of Medicine and Surgery continues to maintain its high place among works of its class. Indeed, the issue of 1904, now before us, if anything, is even better than the excellent issues of previous years. Such a distinguished corps of collaborators which the editor, Dr. George M. Gould, has enlisted as his assistants is sufficient guarantee that the essential points of progress are brought out, and the collaborators' notes and commentations are excellent. In the illustrative feature the 1904 issue fully maintains its reputation, there being fourteen full-page insert plates, besides a number of excellent text-cuts. We pronounce Saunders' Year-Book for 1904 the best work of its kind on the market, as it has always been.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE.—By James M. Anders, M. D., Ph. D., LL. D., professor of the Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Sixth edition, thoroughly revised. Handsome octavo volume of 1300 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Cloth, $5.50, net; sheep or half Morocco, $6.50, net.

This is the sixth edition of this unexcelled work in as many years. Such a sale can not but be a gratification alike to the author and to the publishers. In this edition the general plan and principles of classification adopted in the previous editions have been preserved. The many tabular presentations of points in differential diagnosis have been retained. Differential diagnosis is a most important branch of diagnostics, and than this tabular

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method we know of no superior way of familiarizing the practitioner and the student with the outstanding features of simulating diseases. Malaria, yellow fever, bacillary dysentery, cholecystitis, certain animal parasitic diseases, and the use of the X-rays in diagnosis and treatment have been fully discussed, incorporating the results of the most recent investigations. Among the new subjects introduced are Paratyphoid Fever, the Fourth Disease, Trypanosomiasis Orthostatic, Albuminuria, Transcortical Aphasia, Adiposis Dolorosa, and Amaurotic Family Idiocy. Every affection has been treated separately, particular attention being paid to its clinical character, diagnosis, and treatment. Evidently an immense mass of literature has been thoroughly digested, no pains having been spared to bring the entire work down to date, giving special reference to the daily needs of practitioners and students.

In recommending it, we believe we are recommending the best text-book on the practice of medicine on the market.

A Text-Book of Legal Medicine and Toxicology. Edited by Frederick Peterson, M. D., Chief of Clinic, Nervous Department of the College of Physicians and Surgeons, New York; and Walter S. Haines, M. D., Professor of Chemistry, Pharmacy, and Toxicology, Rush Medical College, in affiliation with the University of Chicago. Two imperial octavo volumes of about 750 pages each, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Per volume: Cloth, $5, net; sheep or half Morocco, $6, net.

This work presents to the medical and legal professions a comprehensive survey of forensic medicine and toxicology in moderate compass.

For convenience of reference the treatise has been divided into two sections—Part I and Part II—the latter being devoted to Toxicology and all other portions of legal medicine in which laboratory investigation is an essential feature. Under "Expert Evidence" not only is advice given to medical experts, but suggestions are also made to attorneys as to the best methods of obtaining the desired information from the witness. The Bertillon and Greenleaf-Smart systems of identification are concisely and intelligently described, and the advantages of each stated. An interesting and important chapter is that on "The Destruction and Attempted Destruction of the Human Body by Fire and Chemicals;" for on the determination of the human or animal source of the remains frequently depends the legal conduct of a given case, and the guilt or innocence of the accused. A chapter not usually found in works on Legal Medicine, though of far more than passing signifi-

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cance to both the medical expert and the attorney, is that on the medicolegal relations of the X-rays. The responsibility of pharmacists in the compounding of prescriptions, in the selling of poisons, in substituting drugs other than those prescribed, etc., furnishes a chapter of the greatest interest to everyone concerned with questions of medical jurisprudence. Also included in the work is the enumeration of the laws of the various States relating to the commitment and retention of the insane. In fact, the entire work is overflowing with matters of the utmost importance, and expresses clearly, concisely, and accurately the very latest opinions on all branches of forensic medicine and toxicology.

[A review of Vol. I appeared in a recent issue of the JOURNAL. —ED.]

THE FOUR EPOCHS OF WOMAN'S LIFE. Maidenhood, Marriage, Maternity, Menopause. By Anna M. Galbraith, M. D., author of "Hygiene and Physical Culture for Women." Fellow of the New York Academy of Medicine, etc. With an introductory note by John H. Musser, M. D., Professor of Clinical Medicine, University of Pennsylvania. 12mo. volume of 247 pages. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Cloth, $1.50, net.

This work, written for the instruction of the laity on subjects of which every woman should have a thorough knowledge, is indeed a timely and excellent one. The fact that a second edition has been demanded in such a short time is sufficient proof that women have at last awakened to a sense of the penalties they have paid for their ignorance of those laws of nature which govern the epochs of their lives. The language used is clear and comprehensive, yet, withal, modest, and the meaning easily grasped even by those unfamiliar with medical subjects. As a further aid a comprehensive glossary of medical terms has been appended.

In this new edition the author has made some excellent additions, viz.: A section on "The Hygiene of Puberty;" one on "Hemorrhage at the Menopause a Significant Symptom of Cancer;" and one on "The Hygiene of the Menopause." These sections make the work the very best on the subject we have seen, and physicians will be doing a real service by recommending it to their patients.

ATLAS OF THE EXTERNAL DISEASES OF THE EYE. By Prof. Dr. O. Haab, of Zurich. Second edition, thoroughly revised. Edited, with additions, by G. E. DeSchweinitz, A. M., M. D., Professor of Ophthalmology in the University of Pennsylvania. With 98 colored lithographic illustrations on 48 plates, and 232

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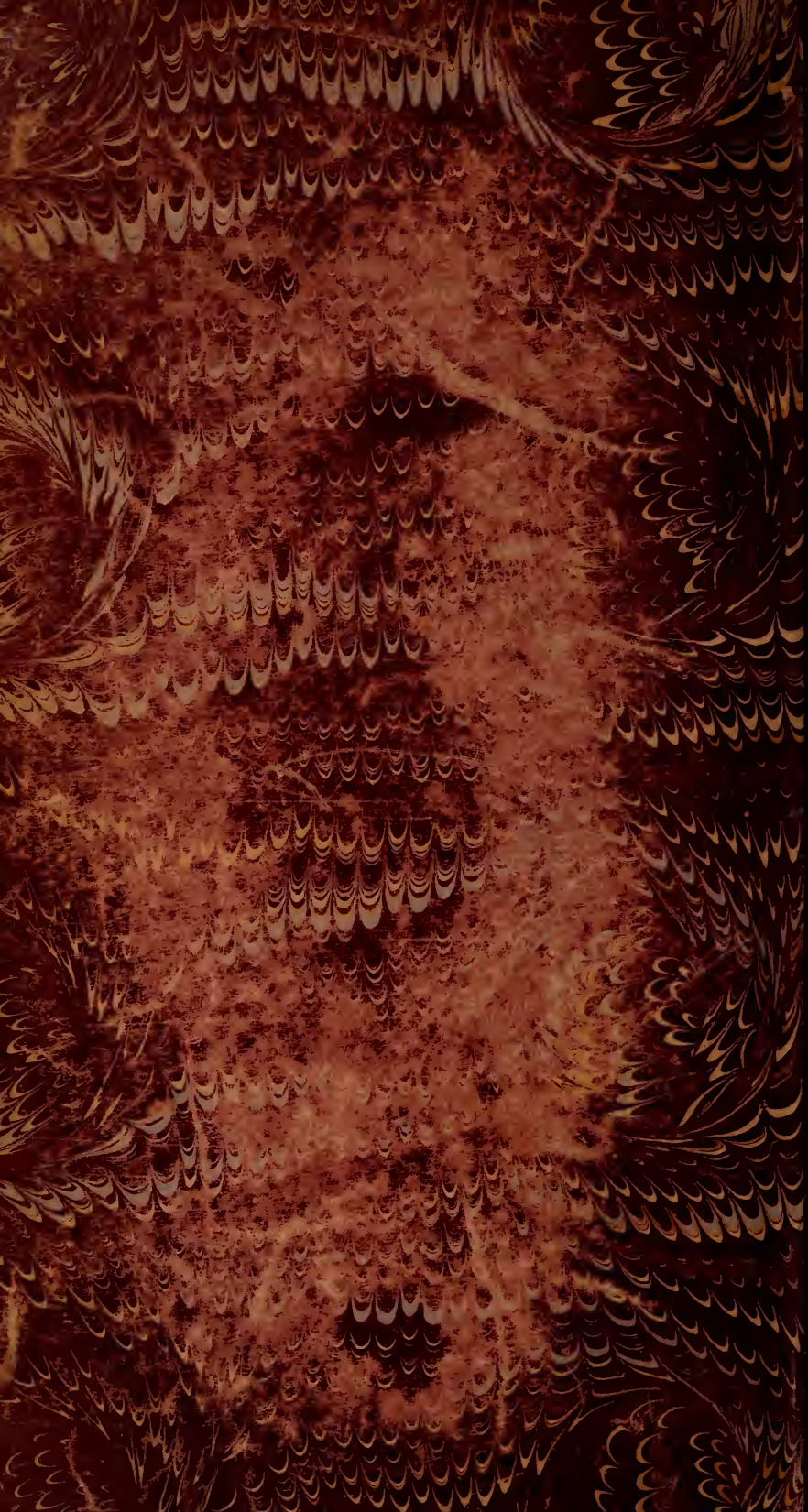
pages of text. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Price, $3, net.

This Atlas on External Diseases of the Eye forms an excellent compaion-book to Professor Haab's "Atlas of Ophthalmology and Ophthalmoscopic Diagnosis," and is just what might be expected from an author of such broad clinical experience and trained observation. Starting with examination of the eye the student is easily and gradually led from one examination to another, thus becoming familiar with the best methods of investigating the eye for the detection of disease. In the chapters on diseases of the eye which follow, the most important diseases are clearly described and the best therapeutic measures recorded. The text has been amply illustrated by a series of beautiful chromo-lithographic plates, to each one of which a clinical history is appended. This second edition has been thoroughly revised and brought down to date, and a number of new chromo-lithographic plates added. As in the first edition, valuable editorial comments are introduced, and reference made to many of the modern therapeutic agents.

Morphinism and Narcomania from Opium, Cocaine, Ether, Chloral, Chloroform, and other Narcotic Drugs; also the Etiology, Treatment, and Medicolegal Relations. By T. D. Crothers, M. D., Superintendent of Walnut Lodge Hospital, Conn.; Professor of Mental and Nervous Diseases, New York School of Clinical Medicine, etc. Handsome 12mo of 351 pages. Philadelphia and London: W. B. Saunders & Co. 1902. Cloth, $2, net.

The alarming increase, in the last few years, of morphomania and the associated various narcomanias imperatively demands immediate attention by the medical profession. Every year the increasing prominence of this psychosis calls for more exact studies, with a fuller recognition of the conditions and causes of the disease. Medicolegally, questions of responsibility have been asked with increasing frequency, and there has been no literature and no study of the subject to afford an intelligent answer until this present volume was initiated.

The special object of this work has been to group the general facts and outline some of the causes and symptoms common to most cases, and to suggest general methods of treatment and prevention. The object could not have been better accomplished. The work gives a general preliminary survey of this new field of psychopathy, and points out the possibilities from a larger and more accurate knowledge, and so indicates degrees of curability at present unknown. The author shows his absolute familiarity with his subject in the clear, concise, and in every way admirable work which he has given to the profession, whom he has placed under merited obligations.